

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

In re:	)	
	)	Chapter 11
Wesco Aircraft Holdings, Inc., <i>et al.</i> , <sup>1</sup>	)	
	)	Case No. 23-90611 (DRJ)
Debtors.	)	
	)	(Jointly Administered)

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

The above-captioned debtors and debtors in possession (each a “Debtor” and collectively, the “*Debtors*”) have filed their respective Schedules of Assets and Liabilities (collectively with attachments, the “*Schedules*”) and the Statements of Financial Affairs (collectively with attachments, the “*Statements*,” and together with the Schedules, the “*Schedules and Statements*”), which were prepared pursuant to section 521 of title 11 of the United States Code (the “*Bankruptcy Code*”), rule 1007 of the Federal Rules of Bankruptcy Procedure (the “*Bankruptcy Rules*”), and rule 1007-1 of the Bankruptcy Local Rules for the Southern District of Texas (the “*Local Rules*”). The Schedules and Statements were prepared by management of the Debtors, with the assistance of the Debtors’ advisors, and are unaudited.

These *Global Notes and Statement of Limitations, Methodologies, and Disclaimers Regarding the Debtors’ Schedules of Assets and Liabilities and Statements of Financial Affairs* (the “*Global Notes*”) are incorporated by reference in, and comprise an integral part of, each Debtor’s respective Schedules and Statements, and should be referred to and considered in connection with any review of the Schedules and Statements.

While the Debtors’ management has made reasonable efforts to ensure that the Schedules and Statements are as accurate and complete as possible under the circumstances, based on information that was available at the time of preparation, inadvertent errors, inaccuracies, or omissions may have occurred or the Debtors may discover subsequent information that requires material changes to the Schedules and Statements. Because the Schedules and Statements contain unaudited information, which is subject to further review, verification, and potential adjustment, there can be no assurance that the Schedules and Statements are complete. The Schedules and Statements should not be relied upon by any persons for information relating to current or future financial condition, events, or performance of any of the Debtors or their affiliates. There can be no assurance that such information is complete, and the Schedules and Statements may be subject

<sup>1</sup> The Debtors operate under the trade name Incora and have previously used the trade names Wesco, Pattonair, Haas, and Adams Aviation. A complete list of the Debtors in these chapter 11 cases, with each one’s federal tax identification number and the address of its principal office, is available on the website of the Debtors’ noticing agent at <http://www.kccllc.net/incora/>. The service address for each of the Debtors in these cases is 2601 Meacham Blvd., Ste. 400, Fort Worth, TX 76137.



to revision. The Debtors and their agents, attorneys, and advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and Statements and shall not be liable for any loss or injury arising out of or caused in whole or in part by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein or the Schedules and Statements. In no event shall the Debtors or their agents, attorneys, and/or advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtors or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused, even if the Debtors or their agents, attorneys, and advisors are advised of the possibility of such damages. The Debtors and their agents, attorneys, and advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party should the information be updated, modified, revised, or re-categorized, except as required by applicable law or order of the Bankruptcy Court. Nonetheless, the Debtors hereby reserve all of their rights to amend and supplement the Schedules and Statements as may be necessary or appropriate.

The Schedules and Statements have been signed by Raymond Carney, Chief Financial Officer of Debtor, Wesco Aircraft Holdings, Inc. In reviewing and signing the Schedules and Statements, Mr. Carney necessarily relied upon the efforts, statements, and representations of the Debtors' other personnel and advisors. Mr. Carney has not (and could not have) personally verified the accuracy of each such statement and representation, including, but not limited to, statements and representations concerning amounts owed to creditors, classification of such amounts, and respective creditor addresses.

These Global Notes are in addition to any specific notes contained in each Debtor's respective Schedules or Statements. Furthermore, the fact that the Debtors have prepared Global Notes or specific notes with respect to each of the individual Debtor's Schedules and Statements and not to those of another should not be interpreted as a decision by the Debtors to exclude the applicability of such Global Notes or specific notes to any of the Debtors' other Schedules and Statements, as appropriate.

Disclosure of information in one or more Schedules, one or more Statements, or one or more exhibits or attachments to the Schedules or Statements, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedules, Statements, exhibits, or attachments.

### **Global Notes and Overview of Methodology**

1. ***Description of Cases.*** On June 1, 2023 (the "Petition Date"), the Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code in the United States Bankruptcy Court for the Southern District of Texas (the "Bankruptcy Court"). The Debtors' chapter 11 cases are jointly administered for procedural purposes only under the lead case caption *In re Wesco Aircraft Holdings, Inc., et al.*, Case No. 23-90611 (DRJ). The Debtors continue to operate their businesses and manage their properties as debtors-in-possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. On June 16, 2023, the United States Trustee for the Southern District of Texas (the "U.S. Trustee")

appointed a statutory committee of unsecured creditors pursuant to section 1102(a)(1) of the Bankruptcy Code [Docket No. 261]. No other statutory committee has been appointed.

2. ***“As Of” Information Date.*** To the best of the Debtors’ knowledge, the information provided herein represents the data relating to the assets and liabilities of the Debtors as of May 31, 2023. Amounts ultimately realized may vary from net book value (or the applicable value ascribed herein) and such variance may be material. Accordingly, the Debtors reserve all of their rights to amend or adjust the value of each asset set forth herein. In addition, the amounts shown for total liabilities exclude items identified as “unknown,” “disputed,” “contingent,” “unliquidated,” or “undetermined,” and, thus, ultimate liabilities may differ materially from those stated in the Schedules and Statements.
3. ***General Reservation of Rights.*** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions, as well as discovery of conflicting, revised or subsequent information, may cause a material change to the Schedules and Statements. The Debtors reserve all rights to amend, supplement or otherwise modify the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate, including the right to amend, supplement or otherwise modify the Schedules and Statements with respect to any claim description, designation, or Debtor against which the claim is asserted; dispute or otherwise assert offsets or defenses to any claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; subsequently designate any claim as “disputed,” “contingent,” or “unliquidated;” or object to the extent, validity, enforceability, priority, or avoidability of any claim, in each case, regardless of whether such claim is designated in the Schedules and Statements as “disputed,” “contingent” or “unliquidated”. Any failure to designate a claim in the Schedules and Statements as “disputed,” “contingent,” or “unliquidated” does not constitute an admission by the Debtors that such claim or amount is not “disputed,” “contingent,” or “unliquidated.” Listing a claim does not constitute an admission of (a) liability or (b) amounts due or owed, if any, in each case, by the Debtor against which the claim is listed or against any of the Debtors. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to these chapter 11 cases, including without limitation, issues involving or defenses against claims, substantive consolidation, defenses, equitable subordination, or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code or any other relevant nonbankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. Notwithstanding the foregoing, the Debtors shall not be required to update the Schedules and Statements.
4. ***Basis of Presentation.*** Information contained in the Schedules and Statements has been derived from the Debtors’ books and records and historical financial statements. The information presented has been reported in these forms in the good faith belief the information provided is responsive and accurate. The Schedules and Statements have not, however, been subject to procedures that would typically be applied to financial statements prepared in accordance with Generally Accepted Accounting Principles (“GAAP”) and are not intended to reconcile fully with any financial statements prepared under GAAP. Therefore, combining the assets and liabilities set forth in the Schedules and Statements

would result in amounts that are substantially different from financial information that would be prepared on a consolidated basis under GAAP. For financial reporting purposes, prior to the Petition Date, the Debtors prepared financial statements on a consolidated basis. Unlike the consolidated financial statements, the Schedules and Statements reflect the assets and liabilities of each separate Debtor, except where otherwise indicated. Moreover, given, among other things, the uncertainty surrounding the valuation, collection, and ownership of certain assets and the valuation and nature of certain liabilities, to the extent that a Debtor shows more assets than liabilities, this is not an admission that the Debtor was solvent as of the Petition Date or at any time before the Petition Date. Likewise, to the extent a Debtor shows more liabilities than assets, this is not an admission that the Debtor was insolvent at the Petition Date or any time before the Petition Date. For the avoidance of doubt, nothing contained in the Schedules and Statements is indicative of the Debtors' enterprise value.

5. ***Confidential or Sensitive Information.*** There may be instances in which certain information in the Schedules and Statements intentionally has been redacted due to, among other things, concerns for the privacy of an individual (as more fully described in the *Debtors' Emergency Motion for Entry of an Order (I) Authorizing them to Redact Certain Personally Identifiable Information (II) Approving the Form and Manner of Notice of Commencement, and (III) Granting Related Relief* [Docket No. 81] and *Order (I) Authorizing the Debtors to Redact Certain Personally Identifiable Information and (II) Granting Related Relief* [Docket No. 123]). The alterations or redactions are limited only to what the Debtors believe is necessary to protect the Debtor or the applicable third party.
6. ***Causes of Action.*** Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third parties as assets in the Schedules and Statements. The Debtors reserve all of their rights with respect to any claims or causes of action (including avoidance actions), controversy, right of setoff, cross claim, counterclaim, or recoupment and any claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law or in equity, or pursuant to any other theory of law (collectively, "Causes of Action") they may have, and neither the Global Notes nor the Schedules and Statements shall be deemed a waiver of any claims or Causes of Action or in any way prejudice or impair the assertion of such claims or Causes of Action.
7. ***Recharacterization.*** The Debtors have made reasonable efforts to correctly characterize, classify, categorize, and designate the claims, assets, executory contracts, unexpired leases, interests, and other items reported in the Schedules and Statements. Nevertheless, due to the size and complexity of the Debtors' businesses, the Debtors may not have accurately characterized, classified, categorized, or designated certain items, or may have omitted certain items. The Debtors reserve all their rights to recharacterize, reclassify, recategorize,

redesignate, add, or delete items reported in the Schedules and Statements at a later time as necessary or appropriate.

8. **Setoffs.** The Debtors may have offsetting claims with third parties in the course of their business. Offsets in the ordinary course can result in various ways, including intercompany transactions and business dealings between companies, pricing discrepancies, overpayments, or can arise from other disputes between the Debtors and their counterparties such that setoffs or recoupment may exist or be invoked. These offsets, recoupments, and other similar rights are consistent with the Debtors' rights and are not tracked separately. Therefore, although the impact of such offsets and other similar rights may have been accounted for when certain net amounts were included in the Schedules, ordinary course offsets are not independently accounted for, and as such, are not included separately in the Debtors' Schedules and Statements.
9. **Classifications.** Listing (a) a claim on Schedule D as "secured," (b) a claim on Schedule E/F as "priority," (c) a claim on Schedule E/F as "unsecured," or (d) a contract on Schedule G as "executory" or "unexpired" does not constitute an admission by the Debtors of the legal rights of the claimant or a waiver of the Debtors' rights to recharacterize or reclassify such claims or contracts or to setoff of such claims.
10. **Court Orders.** Pursuant to certain orders of the Bankruptcy Court entered in these chapter 11 cases (the "First Day Orders"), the Debtors were authorized (but not directed) to pay, among other things, certain prepetition claims of employees, critical vendors, potential lien holders and taxing authorities. Accordingly, these liabilities may have been or may be satisfied in accordance with such First Day Orders and, therefore, generally are not listed in the Schedules and Statements. Regardless of whether such claims are listed in the Schedules and Statements, to the extent such claims are paid pursuant to any order of the Bankruptcy Court (including the First Day Orders), the Debtors reserve all rights to amend, supplement, or otherwise modify the Schedules and Statements as is necessary or appropriate.
11. **Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and post-petition periods based on the information and research that was conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between prepetition and post-petition periods may change. The Debtors reserve the right to amend, supplement, or otherwise modify the Schedules and Statements as they deem appropriate in this regard.
12. **Excluded Assets and Liabilities.** The Debtors may have excluded certain categories of assets and liabilities from the Schedules and Statements and certain accrued expenses. The Debtors also have excluded potential rejection damage claims of counterparties to executory contracts and unexpired leases that may be rejected (if any), to the extent such damage claims exist. In addition, certain immaterial or *de minimis* assets and liabilities may have been excluded. Finally, certain liabilities authorized to be paid pursuant to the First Day Orders are excluded from the Schedules and Statements.

13. **Inventories.** Inventories are stated at cost basis. The Debtors reserve all rights with respect to the valuation of any inventories.
14. **Property Rights.** Exclusion of certain property from the Schedules and Statements shall not be construed as an admission that such property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition or other transaction. Conversely, inclusion of certain property shall not be construed to be an admission that such property rights have not been abandoned, have not been terminated or otherwise expired by their terms, or have not been assigned or otherwise transferred pursuant to a sale, acquisition or other transaction.
15. **Property and Equipment.** Unless otherwise indicated, owned property (including real property) and equipment are stated at net book value. The Debtors may lease furniture, fixtures, and equipment from certain third-party lessors. Any such leases are set forth in the Schedules and Statements. Nothing in the Schedules and Statements is or shall be construed as an admission as to the determination as to the legal status of any lease (including whether any lease is a true lease or a financing arrangement), and the Debtors reserve all of their rights with respect thereto.
16. **Intercompany Payables and Receivables.** Intercompany payables and receivables were measured as of May 31, 2023. Certain intercompany payables and receivables between the Debtors (or between Debtors and affiliated non-Debtors) are set forth on Schedule F and Schedule A/B Part 11, Q. 77, respectively. The listing by the Debtors of any such account is a statement of what appears in a particular Debtor's books and records and does not reflect any admission or conclusion of the Debtors regarding the allowance, classification, characterization, validity, or priority of such account. Additionally, intercompany balances are subject to ongoing adjustments. The Debtors take no position in these Schedules and Statements as to whether such accounts would be allowed as a claim, an interest, or not allowed at all. The Debtors and all parties in interest reserve all rights with respect to such accounts.
17. **Estimates.** To prepare and file the Schedules and Statements in accordance with the deadline established in these chapter 11 cases, management was required to make certain estimates and assumptions that affected the reported amounts of these assets and liabilities. The Debtors reserve all rights to amend, supplement, or otherwise modify the reported amounts of assets and liabilities to reflect changes in those estimates or assumptions.
18. **Fiscal Year.** Each Debtor's fiscal year ends on December 31.
19. **Currency.** Except as otherwise specified, all amounts are reflected in U.S. dollars. Amounts originally listed in any other currency have been adjusted to reflect U.S. dollars at the relevant exchange rate pursuant the Debtors' ordinary course accounting practices.
20. **Executory Contracts.** Although the Debtors have made diligent attempts to properly identify the Debtor counterpart(y/ies) to each executory contract on Schedule G, it is possible that the Debtors may have inadvertently failed to do so due to the complexity and size of the Debtors' businesses. The Debtors reserve all of their rights with respect to the

named parties of any and all executory contracts, including the right to amend, supplement, or otherwise modify Schedule G. In addition, although the Debtors have made diligent attempts to properly identify executory contracts and unexpired leases, the inclusion of a contract or lease on Schedule G does not constitute an admission as to the executory or unexpired nature (or non-executory or expired nature) of the contract or lease, or an admission as to the existence or validity of any claims held by any counterparty to such contract or lease. Furthermore, while the Debtors have made diligent attempts to properly identify all executory contracts and unexpired leases, inadvertent errors, omissions, or over inclusion may have occurred.

21. **Leases.** The Debtors have not included the future obligations of any capital or operating leases in the Schedules and Statements. To the extent that there was an amount outstanding as of the Petition Date, the creditor has been included on Schedule E/F of the Schedules.

In the ordinary course of business, certain of the Debtors may enter into agreements titled as leases for property and equipment from third-party lessors for use in the daily operation of their business. Any known prepetition obligations of the Debtors' pursuant to the same have been listed on Schedule F, the underlying lease agreements are listed on Schedule G, or, if the leases are in the nature of real property interests under applicable state laws, on Schedule A. Nothing in the Schedules or Statements is, or shall be construed to be, an admission as to the determination of the legal status of any lease (including whether any lease is a true lease, a financing arrangement or a real property interest), and the Debtors reserve all rights with respect to such issues.

22. **Insiders.** The Debtors have attempted to include all payments made on or within 12 months before the Petition Date to any individual or entity deemed an "insider." As to each Debtor, an individual or entity is designated as an "insider" for the purposes of the Schedules and Statements if the Debtors believe that such individual or entity may plausibly be included in the definition of "insider" pursuant to section 101(31) of the Bankruptcy Code. Such individuals may no longer serve in such capacities. For certain insider payments disbursed from Debtor entities, there are corresponding Intercompany chargebacks.

The listing or omission of a party as an insider for purposes of the Schedules and Statements is for informational purposes and is not intended to be, nor should it be, construed as an admission that those parties are insiders for purpose of section 101(31) of the Bankruptcy Code. Information regarding the individuals or entities listed as insiders in the Schedules and Statements may not be used for: (a) the purposes of determining (i) control of the Debtors; (ii) the extent to which any individual or entity exercised management responsibilities or functions; (iii) corporate decision-making authority over the Debtors; or (iv) whether such individual or entity could successfully argue that it is not an insider under applicable law, including the Bankruptcy Code and federal securities laws, or with respect to any theories of liability or (b) any other purpose.

Furthermore, certain of the individuals or entities identified as insiders may not have been insiders for the entirety of the 12-month period, but the Debtors have included them herein out of an abundance of caution. The Debtors reserve all rights with respect thereto.

23. **Totals.** All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown, disputed, contingent, unliquidated, or otherwise undetermined amounts, the actual total may be different from the listed total.
24. **Unliquidated Claim Amounts.** Claim amounts that could not be quantified by the Debtors are scheduled as “unliquidated.”
25. **Undetermined Amounts.** The description of an amount as “unknown,” “disputed,” “contingent,” “unliquidated,” or “undetermined” is not intended to reflect upon the materiality of such amount.
26. **Credits and Adjustments.** The claims of individual creditors for, among other things, goods, products or services are listed as amounts entered on the Debtors’ books and records and may not reflect credits, allowances or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights respecting such credits, allowances and other adjustments.
27. **Payments.** Prior to the Petition Date, the Debtors maintained a cash management and disbursement system in the ordinary course of their businesses (the “Cash Management System”) (as more fully described in the *Debtors’ Emergency Motion for Entry of Interim and Final Orders (I) Authorizing Them to (A) Maintain and Use Their Existing Cash Management System, (B) Pay Bank Fees, (C) Utilize Existing Business Forms, (D) Utilize Credit Cards, and (E) Engage in Intercompany Transactions and (II) Waiving Compliance with Section 345(B)* (the “Cash Management Motion”) [Docket No. 80]). Although efforts have been made to attribute open payable amounts to the correct legal entity, the Debtors reserve the right to amend, supplement, or otherwise modify their Schedules and Statements to attribute any payments to a different legal entity, if appropriate.
28. **Guaranties and Other Secondary Liability Claims.** The Debtors have used their best efforts to locate and identify guaranties and other secondary liability claims (collectively, the “Guaranties”) in their executory contracts, unexpired leases, debt instruments, and other such agreements. Where such Guaranties have been identified, they have been included in the relevant Schedule for the Debtor or Debtors affected by such Guaranties. The Debtors have reflected the Guaranty obligations for both the primary obligor and the guarantor with respect to their financings and debt instruments on Schedule D, F, and H. To the extent that certain Guaranties embedded in the Debtors’ executory contracts, unexpired leases, other secured financing, debt instruments, and similar agreements may exist, the Debtors reserve their rights to amend, supplement, or otherwise modify the Schedules to the extent additional Guaranties are identified.
29. **Global Notes Control.** In the event that the Schedules and Statements differ from the Global Notes, the Global Notes shall control.

**Specific Disclosures with Respect to the Debtors’ Schedules**

30. **Schedule A/B:** Real property is reported at book value, net of accumulated depreciation on buildings and improvements. Amounts ultimately realized may vary materially from net book value. The Debtors may have listed certain assets as real property when such assets



are in fact personal property, or the Debtors may have listed certain assets as personal property when such assets are in fact real property. The Debtors reserve all of their rights to recategorize or recharacterize such asset holdings to the extent the Debtors determine that such holdings were listed incorrectly.

The Debtors hereby expressly reserve the right to assert that any instrument listed on Schedule A is an executory contract within the meaning of section 365 of the Bankruptcy Code. The Debtors reserve all of their rights, claims, and causes of action with respect to claims associated with any contracts and agreements listed on Schedule A or Schedule G, including their right to dispute or challenge the characterization or the structure of any transaction, document, or instrument (including any intercompany agreement) related to a creditors' claim.

The Debtors' failure to list any rights in real property on Schedule A/B should not be construed as a waiver of any such rights that may exist, whether known or unknown at this time.

Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their Causes of Action or potential Causes of Action against third parties as assets in the Schedules and Statements. The Debtors reserve all of their rights with respect to any Causes of Action that they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such claims, causes of action, or avoidance actions or in any way prejudice or impair the assertion of such claims.

31. **Schedule A/B 3:** Amounts listed are as of the Petition Date for the corresponding Debtor and reflect the bank balance, not the net book value.
32. **Schedule A/B 15:** Equity interests in subsidiaries and affiliates primarily arise from common stock ownership or member or partnership interests. For purposes of these Schedules, the Debtors have listed an undetermined value for the equity interests of all subsidiaries and affiliates. Nothing in these Schedules is an admission by or conclusion of the Debtors regarding the value of such subsidiary and affiliate equity interests, which, under certain fair market or enterprise valuation analyses, may have value. The book values of certain assets may materially differ from their fair market values and/or the Debtors' enterprise valuation to be prepared in connection with the Disclosure Statement.
33. **Schedule A/B 22:** Inventory consists of aerospace hardware and parts, electronic products, chemicals, and tooling parts. Amounts are listed at net book value as of May 31, 2023, and are inclusive of specific reserves as well as excess and obsolete inventory reserves. Additionally, inventory balances are reflective of adjustments for inventory the Company has title to but is not reflected within the perpetual inventory system.
34. **Schedule A/B 61:** The Debtors and their non-Debtor affiliates collectively own over 200 domain names and websites. The Debtors have not listed all of their domain names and websites but retain their ownership rights over these assets.
35. **Schedule A/B 73:** The Debtors maintain a comprehensive insurance program in the ordinary course of their business (as more fully described in the *Debtors' Emergency*

*Motion for Entry of Interim and Final Orders (I) Authorizing the Debtors to Maintain Their Insurance Policies and Programs and Honor Related Obligations, (II) Authorizing the Debtors to Renew, Supplement, Modify, Extend, Reduce or Purchase Insurance Policies, and (III) Modifying the Automatic Stay with Respect to Workers' Compensation (the "Insurance Motion")* [Docket No. 8]). Certain of the Debtors' insurance policies are jurisdiction specific. Determining the specific Debtor entities associated with each policy would be unduly burdensome and cost prohibitive and, therefore, the Debtors listed the insurance policies per Exhibit B of the Insurance Motion at each of the respective Debtor entities on Schedule A/B 73.

36. **Schedule A/B 77:** Any payable or receivable between a Debtor and another Debtor (or between a Debtor and an affiliated non-Debtor on the Schedules and Statements reflects the applicable Debtor's books and records and does not constitute an admission or conclusion of the Debtors regarding the allowance, classification, characterization, validity, or priority of such account. The Debtors take no position in these Schedules and Statements as to whether such accounts would be allowed as a Claim, an Interest, or not allowed at all. The Debtors and all parties in interest reserve all rights with respect to such accounts.
37. **Schedule D:** Except as otherwise agreed pursuant to a stipulation, or agreed order, or general order entered by the Bankruptcy Court that is or becomes final, the Debtors and their estates reserve their rights to dispute or challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a creditor listed on Schedule D of any Debtor. Moreover, although the Debtors may have scheduled claims of various creditors as secured claims, the Debtors reserve all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim. Further, while the Debtors have included the results of Uniform Commercial Code searches, the listing of such results is not, nor shall it be deemed an admission as to the validity of any such lien. Conversely, the Debtors made reasonable, good faith efforts to include all liens on Schedule D but may have inadvertently omitted to include an existing lien because of, among other things, the possibility that a lien may have been imposed after the Uniform Commercial Code searches were performed or a vendor may not have filed the requisite perfection documentation. Moreover, the Debtors have not included on Schedule D parties that may believe their claims are secured through setoff rights or inchoate statutory lien rights.

Although there are multiple parties that hold a portion of the debt included in the Debtors' prepetition secured credit facility and other funded secured indebtedness, only the administrative agents or indenture trustees have been listed for purposes of Schedule D. The amounts reflected outstanding under the Debtors' prepetition funded indebtedness reflect approximate principal and accrued interest as of the Petition Date.

In certain instances, a Debtor may be a co-obligor or guarantor with respect to scheduled claims of another Debtor, and no claim set forth on Scheduled D of any Debtor is intended to acknowledge claims of creditors that are otherwise satisfied or discharged by other entities. The descriptions provided in Schedule D are intended only as a summary.

Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of any liens. Nothing in the Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements.

38. ***Schedule E/F, Part 1: Creditors Holding Priority Unsecured Claims.*** The listing of any claim on Schedule E/F does not constitute an admission by the Debtors that such claim is entitled to priority treatment under section 507 or any other provision of the Bankruptcy Code. The Debtors reserve all of their rights to dispute the amount and the priority status of any claim on any basis at any time. All claims listed on the Debtors' Schedule E/F are claims arising from taxes to which the Debtors may potentially be liable. Certain of such claims, however, may be subject to ongoing audits and the Debtors are otherwise unable to determine with certainty the amount of many, if not all, of the remaining claims listed on Schedule E/F. Accordingly, the Debtors have listed all such claims as unknown in amount, pending final resolution of ongoing audits or other outstanding issues. Further, to the extent such claims have been paid or may be paid pursuant to a court order, they may not be included on Schedule E.
39. ***Schedule E/F, Part 2: Creditors Holding Non-Priority Unsecured Claims.***

The Bankruptcy Court has authorized the Debtors, in their discretion, to pay certain liabilities that may be entitled to priority under the applicable provisions of the Bankruptcy Code. For example, on June 6, 2023, the Bankruptcy Court entered that certain: *Order (I) Authorizing the Debtors to (A) Pay Prepetition Wages, Salaries, Benefits, and Other Compensation, and (B) Maintain Employee Benefits Programs, and (II) Granting Related Relief* [Docket No. 117]; the *Order (I) Authorizing them to Maintain and Administer Their Existing Customer Programs and Honor Certain Prepetition Obligations and (II) Granting Related Relief* [Docket No. 120]; the *Order (I) Authorizing the Debtors to Pay Certain Prepetition Taxes and Fees and (II) Granting Related Relief* [Docket No. 116]; the *Final Order (I) Authorizing the Payment of Prepetition Claims of Critical Vendors and Foreign Claimants, (II) Authorizing the Payment of Outstanding Orders, and (III) Granting Related Relief* [Docket No. 128] (the "Critical Vendor Order"); and the *Final Order (I) Authorizing the Debtors to Maintain Their Insurance Policies and Programs and Honor Related Obligations, (II) Authorizing the Debtors to Renew, Supplement, Modify, Extend, Reduce or Purchase Insurance, and (III) Modifying the Automatic Stay with Respect to Workers' Compensation* [Docket No. 127]. To the extent that applicable Claims have been paid under one or more of the foregoing orders, or may be paid, such Claims may not be included in Schedule E/F. To the extent that partial payments on a claim have been made post-petition with respect to the Critical Vendor Order or other first day relief, the claims listed on Schedule E/F have been reduced on account of such payments.

The Debtors have used their reasonable best efforts to list all general unsecured claims against the Debtors on Schedule E/F based upon the Debtors' existing books and records.

The Debtors have attempted to relate all liabilities to each particular Debtor. Certain creditors listed on Schedule E/F may owe amounts to the Debtors and, as such, the Debtors may have valid setoff or recoupment rights with respect to such amounts. These setoffs and

other similar rights are not tracked separately. The amounts listed on Schedule E/F do not reflect any such right of setoff or recoupment and the Debtors reserve all rights to assert any such setoff or recoupment rights. The Debtors reserve all rights to challenge any setoff and/or recoupment rights that may be asserted.

Schedule E/F does not include certain deferred credits, deferred charges, deferred liabilities, accruals, or general reserves. Such amounts are general estimates of liabilities and do not represent specific claims as of the Petition Date; however, such amounts are reflected on the Debtors' books and records. Such accruals are general estimates of liabilities and do not represent specific claims as of the Petition Date.

Schedule E/F does not include certain reserves for potential unliquidated contingencies that historically were carried on the Debtors' books as of the Petition Date; such reserves were for potential liabilities only and do not represent actual liabilities as of the Petition Date.

The claims listed in Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose is an open issue of fact. Determining the date upon which each claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors do not list a date for each claim listed on Schedule E/F.

Schedule E/F contains information regarding pending litigation involving the Debtors. In certain instances, the Debtor or related co-defendants that are the subject of the litigation may be unclear or undetermined. To the extent that litigation involving a particular Debtor or related co-defendant has been identified, such information is contained in the Schedule for that Debtor. Additionally, to the extent the identification of contingent co-defendants is unknown or unclear, the Debtors have listed only the underlying litigation. The amounts for these potential claims are listed as undetermined and marked as contingent, unliquidated, and disputed in the Schedules.

Schedule E/F reflects the prepetition amounts owing to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in whole or in part in connection with the assumption, or assumption and assignment, of an executory contract or unexpired lease.

The Debtors have made reasonable efforts to locate and identify Guaranties in each of the executory contracts, unexpired leases, secured financings, debt instruments and other such agreements to which any Debtor is a party. Where Guaranties have been identified, they have been included in the relevant Schedules for the Debtor or Debtors affected by such Guaranties as a contingent and unliquidated obligation. The Debtors have placed the Guaranties on Schedule H for both the primary obligor and the guarantor of the relevant obligation. Guaranties were additionally placed on Schedule D or F for each guarantor, except to the extent they are associated with obligations under an executory contract or unexpired lease identified on Schedule G. It is possible that certain Guaranties embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments and other such agreements may have been inadvertently omitted. The Debtors reserve their rights to amend, supplement, or otherwise modify the Schedules to the extent additional

Guaranties are identified or such Guaranties are discovered to have expired or be unenforceable. In addition, the Debtors reserve the right to amend, supplement, or otherwise modify the Schedules and Statements and to re-characterize or reclassify any such contract or claim, whether by amending the Schedules and Statements or in another appropriate filing. Additionally, failure to list any Guaranties in the Schedules and Statements, including in any future amendments to the Schedules and Statements, shall not affect the enforceability of any Guaranties not listed.

In addition, certain claims listed on Schedule E/F may be entitled to priority under section 503(b)(9) of the Bankruptcy Code.

40. **Schedule G.** While the Debtors' existing books, records, and financial systems have been relied upon to identify and schedule executory contracts at each of the Debtors, and although reasonable efforts have been made to ensure the accuracy of Schedule G, inadvertent errors, omissions, or inclusions may have occurred. The Debtors do not make, and specifically disclaim, any representation or warranty as to the completeness or accuracy of the information set forth on Schedule G. The Debtors hereby reserve all of their rights to dispute the validity, status, or enforceability of any contract, agreement, or lease set forth in Schedule G and to amend, supplement or otherwise modify Schedule G as necessary. The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letters, memoranda, and other documents, instruments, and agreements that may not be listed therein despite the Debtors' use of reasonable efforts to identify such documents. Further, unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

In some cases, the same supplier or provider appears multiple times in Schedule G. This multiple listing is intended to reflect distinct agreements between the applicable Debtor and such supplier or provider.

In the ordinary course of business, the Debtors issue purchase orders for goods, supplies, product, services, and related items. The Debtors consider unfulfilled, accepted purchase orders as executory contracts. Purchase orders are not listed individually on Schedule G as the disclosure of each purchase order open at the petition date is impractical and burdensome because the Debtors generally do not track purchase orders in this fashion. To the extent that goods, supplies, or product were delivered or services performed under purchase orders before the Petition Date, vendors' claims with respect to such delivered goods, supplies, or product and performed services are included on Schedule E/F. In the ordinary course of business, the Debtors may have issued numerous service orders or work orders pursuant to a master consulting agreement or master service agreement, which service orders or work orders are not listed individually on Schedule G. Each master consulting agreement or master service agreement listed on Schedule G shall include all

service orders or work orders entered into pursuant to such master agreement unless otherwise noted.

As a general matter, certain of the Debtors' executory contracts and unexpired leases could be included in more than one category. In those instances, one category has been chosen to avoid duplication. Further, the designation of a category is not meant to be wholly inclusive or descriptive of the entirety of the rights or obligations represented by such contract.

Certain of the executory contracts and unexpired leases listed on Schedule G may contain certain renewal options, guarantees of payment, options to purchase, rights of first refusal, right to lease additional space, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G.

The Debtors hereby reserve all of their rights, claims, and causes of action with respect to the contracts and agreements listed on Schedule G, including the right to dispute or challenge the characterization or the structure of any transaction, document, or instrument related to a creditor's claim, to dispute the validity, status, or enforceability of any contract, agreement, or lease set forth in Schedule G, and to amend, supplement or otherwise modify Schedule G as necessary. The inclusion of a contract or lease on Schedule G does not constitute an admission as to the executory or unexpired nature (or non-executory or expired nature) of the contract or lease, or an admission as to the existence or validity of any claims held by the counterparty to such contract or lease, and the Debtors reserve all rights in that regard, including, without limitation, that any agreement is not executory, has expired pursuant to its terms, or was terminated prepetition.

### **Specific Disclosures with Respect to the Debtors' Statements**

1. ***Statement 3.*** Payments to the Debtors' bankruptcy professionals for work related to the bankruptcy, debt consolidation or restructuring, payments to potential insiders, and payments on account of intercompany transactions are not included in the payments to creditors. Payments to the aforementioned parties are included in the following locations within the Statements: bankruptcy professionals (Statement 11), potential insiders (Statement 4), and intercompany transactions (Statement 4). The listing of any individual or entity as an insider does not constitute an admission or determination that any such individual is or is not an insider.

All disbursements listed in Statement 3 are made through the Debtors' cash management system, more fully described in the Cash Management Motion. Dates listed in Statement 3 reflect the dates upon which the Debtor transferred funds to the relevant payee or disbursing agent. The Debtors' cash management system includes disbursements in foreign, non-USD currencies. For purposes of converting foreign currency to USD for this report, conversions were done using spot rates at month-end in which the transfer of value occurred, per the Debtors' internal reporting.

2. **Statement 4.** Statement 4 accounts for a respective Debtor's intercompany transactions, as well as other transfers to insiders, as applicable. As described in the Cash Management Motion, in the ordinary course of business certain of the Debtor and non-Debtor entities and business divisions maintain business relationships with each other, resulting in intercompany receivables and payables (the "Intercompany Claims"). Instead of listing each of these numerous transactions and entries in their Schedules and Statements for each month, the Debtors have included monthly balances and net activity for the one year prior to the Petition Date. Any payments to another Debtor on account of Intercompany Claims are reflective of the difference between the opening balance and ending balance between June 1, 2022 and May 31, 2023. With respect to the Intercompany Claims between Debtors, Statement 4 reflects the book value adjustment of such transfers rather than an actual transfer of funds from one Debtor entity to another. The Debtors' cash management system includes disbursements in foreign, non-USD currencies. For purposes of converting foreign currency to USD for this report, conversions were done using spot rates at month-end in which the transfer of value occurred, per the Debtors' internal reporting.

The listing of any individual or entity as an insider does not constitute an admission or a final determination that any such individual is or is not an insider.

3. **Statement 7.** The Debtors have not included workers' compensation claims in response to this question because the Debtors maintain that this disclosure would be in violation of certain laws, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").
4. **Statement 9.** The Debtors will periodically match donations from employees to various charities.
5. **Statement 11.** All payments for services of any entities that provided consultation concerning debt restructuring services, relief under the Bankruptcy Code, or preparation of a petition in bankruptcy within one year immediately preceding the Petition Date were made by Wesco Aircraft Hardware Corp. and are, therefore, listed on the Statements of Wesco Aircraft Hardware Corp. These payments made by Wesco Aircraft Hardware Corp. were for the benefit of all Debtors. The Debtors have endeavored to list only payments made for debt restructuring services, however, these balances may include payments for services not related to restructuring or bankruptcy related matters. Additional information regarding the Debtors' retention of professionals is more fully described in the individual retention applications for those professionals.
6. **Statement 20.** The Debtors hold inventory at multiple customer locations across the globe. Given the numerosity of these off-premise storage relationships it would be unduly burdensome to track person(s) with access to these facilities.
7. **Statement 25.** Certain information that pre-dates the combination of the Wesco and Pattonair businesses could not be attained by the Debtors.
8. **Statement 26d.** The Debtors maintain a virtual data room which may from time-to-time house consolidated financial statements of the Debtors. In the ordinary course of business,

the Debtors may provide access to this virtual data room, or provide financial statements to financial institutions, customers, creditors, or other parties. Additionally, Debtor entities residing in the United Kingdom are required by law to file their statutory financial statements with the United Kingdom Companies House, which are publicly available online. The disclosure of each such party is impractical and burdensome as the Debtors generally do not track which parties access their virtual data rooms.

9. **Statement 27.** The Debtors utilize cycle count, stock and replenish, and statistical sampling programs. Within these programs the Debtors do not perform a physical inventory, but rather count selections of inventory periodically throughout the year.
10. **Statement 30.** Refer to Statement Question 4 for this item.

\* \* \*



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

Debtor name Haas Group International, LLC

United States Bankruptcy Court for the: Southern District of Texas, Houston Division

Case number (if known): 23-90691

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* .....

\$ 7,601,471.98\*

1b. **Total personal property:**

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

\$ 3,155,123,921.49\*

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

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

\$ 3,162,725,393.47\*

**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* .....

\$ 2,360,415,085.58\*

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F* .....

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* .....

+ \$ 4,016,248,012.39\*

4. **Total liabilities** .....

Lines 2 + 3a + 3b

\$ 6,376,663,097.97\*

\*Plus Undetermined Amounts

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

Debtor name Haas Group International, LLC  
 United States Bankruptcy Court for the: Southern District of Texas, Houston Division  
 Case number (if known) 23-90691

Check if this is an amended filing

**Official Form 206A/B**

**Schedule A/B: Assets - Real and Personal Property**

12/15

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

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

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

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
2. <b>Cash on hand</b>	\$ <u>0.00</u>
3. <b>Checking, savings, money market, or financial brokerage accounts</b> ( <i>Identify all</i> )	
Name of institution (bank or brokerage firm)                      Type of account                      Last 4 digits of account number	
3.1 <u>See Attached Rider</u> _____                      _____	\$ <u>308,685.00</u>
3.2 _____	\$ _____
4. <b>Other cash equivalents</b> ( <i>Identify all</i> )	
4.1 <u>None</u>	\$ <u>0.00</u>
4.2 _____	\$ _____
5. <b>Total of Part 1</b>	\$ <u>308,685.00</u>
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.	

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes. Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit	Current value of debtor's interest
7.1 <u>Deposits</u>	\$ <u>633,205.43</u>
7.2 _____	\$ _____

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1 See Attached Rider \$ 376,283.34

8.2 \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

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

\$ 1,009,488.77

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- No. Go to Part 4.  
 Yes. Fill in the information below.

**Current value of debtor's interest**

**11. Accounts receivable**

11a. 90 days old or less: 100,473,375.33 — 273,213.55 = ..... → \$ 100,200,161.78  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 1,942,400.00 — 401,354.01 = ..... → \$ 1,541,045.99  
face amount doubtful or uncollectible accounts

**12. Total of Part 3**

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

\$ 101,741,207.77

**Part 4: Investments**

**13. Does the debtor own any investments?**

- No. Go to Part 5.  
 Yes. Fill in the information below.

**Valuation method used for current value**

**Current value of debtor's interest**

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 None \_\_\_\_\_ \$ 0.00

14.2 \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

15.1 See Attached Rider \_\_\_\_\_ % \_\_\_\_\_ \$ Undetermined

15.2 \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1 None \_\_\_\_\_ \$ 0.00

16.2 \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ Undetermined

\*Plus Undetermined Amounts

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.  
 Yes. Fill in the information below.

General Description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b>				
None	MM / DD / YYYY	\$		\$ 0.00
<b>20. Work in progress</b>				
None	MM / DD / YYYY	\$		\$ 0.00
<b>21. Finished goods, including goods held for resale</b>				
None	MM / DD / YYYY	\$		\$ 0.00
<b>22. Other inventory or supplies</b>				
Inventory	Various MM / DD / YYYY	\$ 95,161,000.68	Net Book Value	\$ 95,161,000.68

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$ 95,161,000.68
------------------

24. Is any of the property listed in Part 5 perishable?

- No  
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No  
 Yes. Book value \$ Undetermined Valuation method N/A Current value \$ Undetermined

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.  
 Yes. Fill in the information below.

General Description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops-either planted or harvested</b>			
	\$		\$
<b>29. Farm animals Examples: Livestock, poultry, farm-raised fish</b>			
	\$		\$
<b>30. Farm machinery and equipment (Other than titled motor vehicles)</b>			
	\$		\$
<b>31. Farm and fishing supplies, chemicals, and feed</b>			
	\$		\$
<b>32. Other farming and fishing-related property not already listed in Part 6</b>			
	\$		\$

**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$                      0.00

**34. Is the debtor a member of an agricultural cooperative?**

- No
- Yes. Is any of the debtor's property stored at the cooperative?
  - No
  - Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- No
- Yes. Book value \$                      Valuation method                      Current value \$

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

- No
- Yes

**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- No
- Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.
- Yes. Fill in the information below.

General Description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
Furniture and Fixtures	\$ 12,667.67	Net Book Value	\$ 12,667.67
<b>40. Office fixtures</b>			
None	\$		\$ 0.00
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
See Attached Rider	\$ 1,352,251.35		\$ 1,352,251.35
<b>42. Collectibles</b> <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1 None	\$		\$ 0.00
42.2	\$		\$
42.3	\$		\$

**43. Total of Part 7.**

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

\$                      1,364,919.02

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

- No
- Yes

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

- No
- Yes

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
- Yes. Fill in the information below.

General Description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	------------------------------------

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

47.1 See Attached Rider	\$ Undetermined		\$ Undetermined
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 None	\$		\$ 0.00
48.2	\$		\$

49. Aircraft and accessories

49.1 None	\$		\$ 0.00
49.2	\$		\$

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

See Attached Rider	\$ 3,098,576.93		\$ 3,098,576.93
--------------------	-----------------	--	-----------------

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 3,098,576.93*
------------------

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
- Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
- Yes

\*Plus Undetermined Amounts

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- No. Go to Part 10.  
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 See Attached Rider		\$ 7,601,471.98*		\$ 7,601,471.98*
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 7,601,471.98\*

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No  
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No  
 Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.  
 Yes. Fill in the information below.

General Description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets See Attached Rider	\$ Undetermined		\$ Undetermined
61. Internet domain names and websites www.incora.com	\$		\$ Undetermined
62. Licenses, franchises, and royalties None	\$		\$ 0.00
63. Customer lists, mailing lists, or other compilations None	\$		\$ 0.00
64. Other intangibles, or intellectual property None	\$		\$ 0.00
65. Goodwill Goodwill	\$		\$ Undetermined

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ Undetermined

\*Plus Undetermined Amounts

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?
- No  
 Yes
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?
- No  
 Yes
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?
- No  
 Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?
- Include all interests in executory contracts and unexpired leases not previously reported on this form.
- No. Go to Part 12.  
 Yes. Fill in the information below.

71. Notes receivable

Description (include name of obligor)

See Attached Rider	2,850,001,667.25	—	= →	\$ 2,850,001,667.25
	Total Face Amount			Doubtful or uncollectible Amount

Current value of debtor's interest

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax Asset, United States	Tax Year	N/A	\$ Undetermined
	Tax Year		\$
	Tax Year		\$

73. Interests in insurance policies or annuities

See Attached Rider \$ Undetermined

74. Causes of action against third parties (whether or not a lawsuit has been filed)

None \$ 0.00

Nature of Claim

Amount Requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

None \$ 0.00

Nature of Claim

Amount Requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

None \$ 0.00

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

See Attached Rider \$ 102,438,376.07

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 2,952,440,043.32\*

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No  
 Yes

\*Plus Undetermined Amounts



Debtor Haas Group International, LLC  
Name

Case number (If known) 23-90691

**Part 12: Summary**

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

Type of Property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 308,685.00	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 1,009,488.77	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ 101,741,207.77	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ Undetermined	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 95,161,000.68	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 1,364,919.02	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 3,098,576.93*	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> .....	→	\$7,601,471.98*
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ Undetermined	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	\$ 2,952,440,043.32*	
91. <b>Total.</b> Add lines 80 through 90 for each column.....91a.	\$ 3,155,123,921.49*	+ 91b. \$7,601,471.98*
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92.....		\$ 3,162,725,393.47*

\*Plus Undetermined Amounts

Debtor Name: Haas Group International, LLC

Case Number: 23-90691

**Assets - Real and Personal Property**

**Part 1, Question 3:** Checking, savings, money market, or financial brokerage accounts

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
J.P. Morgan Chase	Checking	3287	\$0.00
J.P. Morgan Chase	Checking	9591	\$308,685.00
J.P. Morgan Chase	Checking	7121	\$0.00
PNC Bank	Checking	9557	\$0.00
<b>TOTAL</b>			<b>\$308,685.00</b>

Debtor Name: Haas Group International, LLC

Case Number: 23-90691

**Assets - Real and Personal Property****Part 2, Question 8:** Prepayments, including payments on executory contracts, leases, insurance, taxes, and rent

<b>Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent</b> <i>(Description, including name of holder of prepayment)</i>	<b>Current value of debtor's interest</b>
Prepaid Insurance	\$18,575.80
Prepaid Maintenance	\$134,990.91
Prepaid Payroll Expense	\$199,554.68
Prepaid Rent	\$23,161.95
<b>TOTAL</b>	<b>\$376,283.34</b>

Debtor Name: Haas Group International, LLC

Case Number: 23-90691

**Assets - Real and Personal Property****Part 4, Question 15:** Non-publicly traded stock interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture.

<b>Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture (Name of entity:)</b>	<b>% of Ownership</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Haas Chemical Management of Mexico, Inc.	100	N/A	Undetermined
Haas Corporation of Canada	100	N/A	Undetermined
Haas Corporation of China	100	N/A	Undetermined
Haas Group Australia Pty. Ltd.	100	N/A	Undetermined
Haas Group Canada Inc.	100	N/A	Undetermined
Haas Group International SCM Ireland Limited	100	N/A	Undetermined
Haas International Corporation	100	N/A	Undetermined
Haas of Delaware LLC	100	N/A	Undetermined
Haas TCM China Holdings Limited	100	N/A	Undetermined
Haas TCM de Mexico, S. de R.L. de C.V.	2	N/A	Undetermined
Haas TCM Group of the UK Limited	100	N/A	Undetermined
Haas TCM Industries LLC	100	N/A	Undetermined
Haas TCM of Israel Inc.	100	N/A	Undetermined
Haas TCM of Luxembourg 3, S.a.r.l.	100	N/A	Undetermined
NetMRO, LLC	100	N/A	Undetermined
Wesco Aircraft SEA Pte. Ltd.	100	N/A	Undetermined
		<b>TOTAL</b>	\$0.00 + Undetermined Amounts

Debtor Name: Haas Group International, LLC

Case Number: 23-90691

**Assets - Real and Personal Property****Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

<b>Office equipment, including all computer equipment and communication systems equipment and software</b>	<b>Net book value of debtor's interest (Where available)</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Computer Software - Filebound Upgrade 2020	\$10,687.80	Net Book Value	\$10,687.80
Computer Software - TCMIS Enhancement Project	\$945,604.49	Net Book Value	\$945,604.49
Computer Hardware	\$3,064.96	Net Book Value	\$3,064.96
Computer Software - USTTCMIS UI Dev	\$33,583.33	Net Book Value	\$33,583.33
Computer Software - TCMIS Modernization Sep 20 Dev	\$16,490.98	Net Book Value	\$16,490.98
Computer Software - TCMIS Upgrade	\$220,860.64	Net Book Value	\$220,860.64
Computer Software - Misc.	\$121,959.15	Net Book Value	\$121,959.15
		<b>TOTAL</b>	<b>\$1,352,251.35</b>

Debtor Name: Haas Group International, LLC

Case Number: 23-90691

**Assets - Real and Personal Property****Part 8, Question 47:** Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>	<b>Net book value of debtor's interest (Where available)</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
2014 MITSUBISHI FE160 JL6BNG1A5EK004509	Undetermined		Undetermined
2022 FORD MOTOR C TRAN150 1FTYE1C89NKA41444	Undetermined		Undetermined
2020 INTERNATIONAL MV607 3HAEUMMN6LL124543	Undetermined		Undetermined
2015 GMC SAVANA 3500 1GD372CG8F1182316	Undetermined		Undetermined
2021 GREAT DANE T ALUMVAN 1GR1A0628MB221694	Undetermined		Undetermined
2020 GENERAL MOTO G33903 7GZ37TCG4LN007756	Undetermined		Undetermined
2016 FREIGHTLINER M2 3ALACVDUXGDHT0352	Undetermined		Undetermined
2020 GENERAL MOTO G33903 7GZ37TCG2LN007867	Undetermined		Undetermined
2020 FORD MOTOR C F150 1FTEW1E54LKD35690	Undetermined		Undetermined
2010 GMC SAVANA G3500 1GD1G2BA1A1900138	Undetermined		Undetermined
2022 FREIGHTLINER M2 3ALACWFC0KDKE9215	Undetermined		Undetermined
2021 FORD MOTOR C TRAN250 1FTBR1X8XMKA60202	Undetermined		Undetermined
2019 FREIGHTLINER T12664ST 3AKJHLDV3KSKE1310	Undetermined		Undetermined
2017 HINO 268 SADC DRYVAN SUPREME 5PVNJ8JV8H4S66236	Undetermined		Undetermined
2022 FREIGHTLINER M2 3ALACVFD0NDNP8461	Undetermined		Undetermined
		<b>TOTAL</b>	\$0.00 + Undetermined Amounts

Debtor Name: Haas Group International, LLC

Case Number: 23-90691

**Assets - Real and Personal Property****Part 8, Question 50:** Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>	<b>Net book value of debtor's interest (Where available)</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
Machinery & Equipment - 2 Raymond 475-C50TT 83/18	\$74,046.40	Net Book Value	\$74,046.40
Machinery & Equipment - 2 Raymond 475-C50TT 83/188	\$71,627.76	Net Book Value	\$71,627.76
Machinery & Equipment - 2 Raymond 750-R45TT 145/321	\$82,942.23	Net Book Value	\$82,942.23
Machinery & Equipment - 2 Raymond 841-FRE60L 48x27	\$28,903.04	Net Book Value	\$28,903.04
Machinery & Equipment - 2 Wesley Pack Mule Stock	\$15,744.06	Net Book Value	\$15,744.06
Machinery & Equipment - 3 Raymond 750-R45TT 142/3	\$86,135.02	Net Book Value	\$86,135.02
Machinery & Equipment - 5 Raymond 550-OPC30TT 11	\$188,440.51	Net Book Value	\$188,440.51
Machinery & Equipment - Atl Hub Warehouse Equipment	\$294,649.81	Net Book Value	\$294,649.81
Machinery & Equipment - Atl Hub Warehouse Equipment II	\$189,361.35	Net Book Value	\$189,361.35
Machinery & Equipment - Atlanta Hub Golf Cart	\$9,909.70	Net Book Value	\$9,909.70
Machinery & Equipment - Atlanta Hub Racking	\$804,339.57	Net Book Value	\$804,339.57
Machinery & Equipment - Generator Atlanta Hub	\$377,749.81	Net Book Value	\$377,749.81
Machinery & Equipment - Jonestown Freezer	\$15,437.47	Net Book Value	\$15,437.47
Machinery & Equipment - Lease No 3396710 Sacramento	\$140,662.15	Net Book Value	\$140,662.15
Machinery & Equipment - Lease No 339679 Jonestown	\$521,843.15	Net Book Value	\$521,843.15
Machinery & Equipment - LM Orlando Golf Cart	\$7,844.86	Net Book Value	\$7,844.86
Machinery & Equipment - Miscellaneous	\$123,055.02	Net Book Value	\$123,055.02
Machinery & Equipment - PO 5461 Tempe Capacity Relief	\$24,642.86	Net Book Value	\$24,642.86
Machinery & Equipment - Stretch Wrap Machine	\$7,286.39	Net Book Value	\$7,286.39
Machinery & Equipment - Tempe Security and Safety System	\$33,955.77	Net Book Value	\$33,955.77
		<b>TOTAL</b>	<b>\$3,098,576.93</b>

Debtor Name: Haas Group International, LLC

Case Number: 23-90691

**Assets - Real and Personal Property****Part 9, Question 55:** Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

<b>Description and location of property</b> Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	<b>Nature and extent of debtor's interest in property</b>	<b>Net book value of debtor's interest (Where available)</b>	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
1475 PHOENIXVILLE PIKE, SUITE 201 WEST CHESTER, PA 19380 UNITED STATES	Leased Real Property	Undetermined		Undetermined
49011 DELAWARE STREET RANCHO CORDOVA, CA 95742 UNITED STATES	Leased Real Property	Undetermined		Undetermined
840 & 860 WEST CARVER ROAD, CARVER BUSINESS CENTER, STE. 100 & 104 TEMPE, AZ 85284 UNITED STATES	Leased Real Property	Undetermined		Undetermined
Construction in Progress		\$158,635.63	Net Book Value	\$158,635.63
Leasehold Improvement - Atlanta Hub		\$7,442,836.35	Net Book Value	\$7,442,836.35
			<b>TOTAL</b>	<b>\$7,601,471.98</b> + Undetermined Amounts



Debtor Name: Haas Group International, LLC

Case Number: 23-90691

**Assets - Real and Personal Property**

**Part 10, Question 60:** Patents, copyrights, trademarks, and trade secrets

Patents, copyrights, trademarks, and trade secrets	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
TRADEMARK - Registration NO. 2421655 dated 01/16/2001	Undetermined		Undetermined
TRADEMARK - Registration NO. 3003870 dated 10/04/2005	Undetermined		Undetermined
TRADEMARK - Registration NO. 2609886 dated 08/20/2002	Undetermined		Undetermined
TRADEMARK - Registration NO. 5264279 dated 08/15/2017	Undetermined		Undetermined
TRADEMARK - Registration NO. 5264278 dated 08/15/2017	Undetermined		Undetermined
TRADEMARK - Registration NO. 5029735 dated 08/30/2016	Undetermined		Undetermined
TRADEMARK - Registration NO. 5029735 dated 05/28/2015	Undetermined		Undetermined
		<b>TOTAL</b>	\$0.00 + Undetermined Amounts

Debtor Name: Haas Group International, LLC

Case Number: 23-90691

**Assets - Real and Personal Property****Part 11, Question 71: Notes receivable**

<b>Notes receivable</b> Description (include name of obligor)	<b>Total face amount</b>	<b>Doubtful or uncollectible amount</b>	<b>Current value of debtor's interest</b>
Intercompany Notes Receivable from Haas Group International SCM Ireland Limited	1,550,379.29		\$1,550,379.29
Intercompany Notes Receivable from Haas TCM of Israel Inc.	1,700,000.00		\$1,700,000.00
Intercompany Notes Receivable from Haas TCM of Luxembourg 1	859,775.62		\$859,775.62
Intercompany Notes Receivable from Haas TCM of Luxembourg 2	97,179.53		\$97,179.53
Intercompany Notes Receivable from Haas TCM of Luxembourg 3, S.a.r.l.	157,145.91		\$157,145.91
Intercompany Notes Receivable from Haas TCM of Luxembourg 4, S.a.r.l.	1,537,798.97		\$1,537,798.97
Intercompany Notes Receivable from Wesco Aircraft Hardware Corp.	2,844,099,387.93		\$2,844,099,387.93
		<b>TOTAL</b>	\$2,850,001,667.25

Debtor Name: Haas Group International, LLC

Case Number: 23-90691

**Assets - Real and Personal Property****Part 11, Question 73: Interests in insurance policies or annuities**

<b>Interests in insurance policies or annuities (Description)</b>	<b>Policy Type</b>	<b>Policy Number</b>	<b>Current value of debtor's interest</b>
ACE American Insurance Co.	Foreign Liability Package	CXC D37958803 009	Undetermined
Axis Insurance Company	5th Excess D&O	P-001-001158385-01	Undetermined
Beazley USA Services, Inc., as agent, Syndicate 2623/623 at Lloy's of London.	Cyber Liability	W30E9D220201	Undetermined
Chubb Custom Insurance Company	Professional Liability / Errors & Omissions	D9662881A	Undetermined
Endurance American Specialty Insurance Co	Excess Professional Liability	NRX30013862101	Undetermined
Endurance Risk Solutions Assurance Company	2nd Excess D&O	DOX3000 8721301	Undetermined
Everest National Insurance Company	1st Excess D&O	PC2EX00 007221	Undetermined
Federal Insurance Company	Primary D&O	82621174	Undetermined
Gemini Insurance Company/Berkley	6th Excess D&O Side A	BPRO8097850	Undetermined
Illinois Union Insurance Company (ACE)	General Liability / Pollution Liability	APC G27268791 009	Undetermined
Illinois Union Insurance Company (ACE)	Umbrella Liability	XOO G27268808 009	Undetermined
Indian Harbor Insurance Company	Excess Professional Liability	MPE 9044438 01	Undetermined
National Union Fire Ins. Company	4th Excess D&O	04-785-80-47	Undetermined
QBE Insurance Corporation	3rd Excess D&O	130004713	Undetermined
Starr Indemnity & Liability Company	Automobile Liability / Physical Damage	100065994221	Undetermined
Starr Indemnity & Liability Company	Aviation Products & Airport Premises Liability	1000189356-02	Undetermined
Starr Specialty Insurance Company	U.S. Workers Compensation & Employers' Liability	1000004537	Undetermined
Vantage Risk Assurance Company	7th Excess D&O Side A	P04ML0000034750	Undetermined
Zurich American Insurance Company	Global Property Policy	PPR6692568-12	Undetermined
Zurich American Insurance Company	Ocean Cargo	OC-5846397	Undetermined
		<b>TOTAL</b>	\$0.00 + Undetermined Amounts

Debtor Name: Haas Group International, LLC

Case Number: 23-90691

**Assets - Real and Personal Property****Part 11, Question 77:** Other property of any kind not already listed

<b>Other property of any kind not already listed</b> <i>Examples: Season tickets, country club membership</i>	<b>Current value of debtor's interest</b>
Intercompany Trade Receivable from Haas Chemical Materials Distribution and Trading LLC	\$10,305.08
Intercompany Trade Receivable from Haas Corporation of Canada	\$402.66
Intercompany Trade Receivable from Haas Group Australia Pty. Ltd.	\$214,272.50
Intercompany Trade Receivable from Haas Group Canada Inc.	\$13,970,692.79
Intercompany Trade Receivable from Haas Group International France	\$95.05
Intercompany Trade Receivable from Haas Group International SCM Ireland Limited	\$8,019.86
Intercompany Trade Receivable from Haas Group International SP z.o.o	\$454,700.86
Intercompany Trade Receivable from Haas Group, LLC	\$819,896.73
Intercompany Trade Receivable from Haas Holdings, LLC	\$2,943,211.06
Intercompany Trade Receivable from Haas International Corporation	\$190,456.05
Intercompany Trade Receivable from Haas of Delaware LLC	\$1,835,049.14
Intercompany Trade Receivable from Haas SCM S.r.l	\$182,281.55
Intercompany Trade Receivable from Haas TCM China Holdings Limited	\$55,320.05
Intercompany Trade Receivable from Haas TCM de Mexico, S. de R.L. de C.V.	\$3,100,350.38
Intercompany Trade Receivable from Haas TCM Industries LLC	\$15,675.50
Intercompany Trade Receivable from Haas TCM Malaysia Sdn. Bhd.	\$253,368.42
Intercompany Trade Receivable from Haas TCM of Israel Inc.	\$113,746.74
Intercompany Trade Receivable from Haas TCM of Luxembourg 2	\$17,012.13
Intercompany Trade Receivable from Haas TCM of Luxembourg 3, S.a.r.l.	\$260,822.10
Intercompany Trade Receivable from Incora Japan G.K.	\$14,984.25
Intercompany Trade Receivable from Incora Philippines, Inc.	\$1,318.21
Intercompany Trade Receivable from NetMRO, LLC	\$63,622,111.21
Intercompany Trade Receivable from Pattonair USA, Inc.	\$1,650.08
Intercompany Trade Receivable from Wesco Aircraft Canada Inc.	\$250,000.00
Intercompany Trade Receivable from Wesco Aircraft EMEA, Ltd.	\$876,898.37

Debtor Name: Haas Group International, LLC

Case Number: 23-90691

**Assets - Real and Personal Property****Part 11, Question 77:** Other property of any kind not already listed

<b>Other property of any kind not already listed</b> <i>Examples: Season tickets, country club membership</i>	<b>Current value of debtor's interest</b>
Intercompany Trade Receivable from Wesco Aircraft Germany GmbH	\$550.30
Intercompany Trade Receivable from Wesco Aircraft Hardware Corp.	\$10,594,999.09
Intercompany Trade Receivable from Wesco Aircraft Hardware Corporation (China)	\$5,169.42
Intercompany Trade Receivable from Wesco Aircraft Holdings, Inc.	\$876,904.92
Intercompany Trade Receivable from Wesco Aircraft SEA Pte. Ltd.	\$10,491.01
Miscellaneous Receivable - Employee Retention Credit	\$1,301,972.17
Miscellaneous Receivable - Other	\$44,372.17
Miscellaneous Receivable - Samsung	\$391,276.22
<b>TOTAL</b>	<b>\$102,438,376.07</b>

Debtor name Haas Group International, LLC  
 United States Bankruptcy Court for the: Southern District of Texas, Houston Division  
 Case number (if known): 23-90691

Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of Claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

<p><b>2.1 Creditor's name</b> BANK OF AMERICA, N.A.</p> <p><b>Creditor's mailing address</b> ATTN: JAMES FALLAHAY 520 NEWPORT CENTER DRIVE, STE. 900 NEWPORT BEACH, CA 92660</p> <p><b>Creditor's email address, if known</b> james.fallahay@bofa.com</p> <p><b>Date debt was incurred</b>      01/09/2020</p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. See Schedule D Disclosures in Global Notes</p>	<p><b>Describe debtor's property that is subject to a lien</b> First priority lien on current assets; third priority lien on fixed assets.</p> <p><b>Describe the lien</b> ABL Facility</p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <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 style="text-align: right;">\$ <u>429,618,000.00</u>    \$ <u>Undetermined</u></p>
--	---	--

<p><b>2.2 Creditor's name</b> BANK OF AMERICA, N.A.</p> <p><b>Creditor's mailing address</b> ONE FLEET WAY SCRANTON, PA 18507-1999</p> <p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D Disclosures in Global Notes <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p><b>Describe debtor's property that is subject to a lien</b> First priority lien on current assets; third priority lien on fixed assets.</p> <p><b>Describe the lien</b> In connection with Letter of Credit 68172772, in the amount of \$50,000 for the benefit of Hanover Insurance Group</p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p style="text-align: right;">\$ <u>Undetermined</u>    \$ <u>Undetermined</u></p>
---	---	--

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** \$ 2,360,415,085.58  
+ Undetermined Amounts

Debtor Haas Group International, LLC  
Name

Case number (if known): 23-90691

**Part 1: Additional Page**

Column A	Column B
<b>Amount of Claim</b> Do not deduct the value of collateral.	<b>Value of collateral that supports this claim</b>

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

<b>2.3</b>	<p><b>Creditor's name</b> BANK OF AMERICA, N.A.</p> <p><b>Creditor's mailing address</b> ONE FLEET WAY SCRANTON, PA 18507-1999</p> <p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.                  See Schedule D Disclosures in Global Notes  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p><b>Describe debtor's property that is subject to a lien</b> First priority lien on current assets; third priority lien on fixed assets.</p> <p style="text-align: right;">\$ <u>Undetermined</u> \$ <u>Undetermined</u></p> <p><b>Describe the lien</b> In connection with Letter of Credit 68180462, in the amount of \$500,000 for the benefit of Honeywell International, Inc.</p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>
------------	--	---

<b>2.4</b>	<p><b>Creditor's name</b> BANK OF AMERICA, N.A.</p> <p><b>Creditor's mailing address</b> ONE FLEET WAY SCRANTON, PA 18507-1999</p> <p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.                  See Schedule D Disclosures in Global Notes  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p><b>Describe debtor's property that is subject to a lien</b> First priority lien on current assets; third priority lien on fixed assets.</p> <p style="text-align: right;">\$ <u>Undetermined</u> \$ <u>Undetermined</u></p> <p><b>Describe the lien</b> In connection with Letter of Credit 68182757, in the amount of \$40,000 for the benefit of BDO AS</p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>
------------	--	---

Debtor Haas Group International, LLC  
Name

Case number (if known): 23-90691

**Part 1: Additional Page**

Column A	Column B
<b>Amount of Claim</b>	<b>Value of collateral that supports this claim</b>
Do not deduct the value of collateral.	

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

<b>2.5</b>	<b>Creditor's name</b> BANK OF AMERICA, N.A.	<b>Describe debtor's property that is subject to a lien</b> As provided in the UCC Financing Statement	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>
	<b>Creditor's mailing address</b> 1475 PHOENIXVILLE PIKE, SUITE 101 WEST CHESTER, PA 19380	<b>Describe the lien</b> UCC - Lien Claim - As provided in UCC File Number 2021040901628 dated 04/09/2021		
	<b>Creditor's email address, if known</b>  _____	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b> Undetermined	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<b>Last 4 digits of account number</b>  _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D Disclosures in Global Notes <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

<b>2.6</b>	<b>Creditor's name</b> BARCLAYS BANK PLC	<b>Describe debtor's property that is subject to a lien</b> First priority lien on current assets; third priority lien on fixed assets.	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>
	<b>Creditor's mailing address</b> 745 SEVENTH AVENUE NEW YORK, NY 10019	<b>Describe the lien</b> In connection with Letter of Credit SB-03621, in the amount of \$1,036,800 for the benefit of SVF Bordnersville Property, LLC		
	<b>Creditor's email address, if known</b>  _____	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b> Undetermined	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<b>Last 4 digits of account number</b>  _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D Disclosures in Global Notes <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			



Debtor Haas Group International, LLC  
Name

Case number (if known): 23-90691

**Part 1: Additional Page**

Column A	Column B
<b>Amount of Claim</b> Do not deduct the value of collateral.	<b>Value of collateral that supports this claim</b>

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

<b>2.7</b>	<p><b>Creditor's name</b> CITIBANK, N.A., ITS BRANCHES, SUBSIDIARIES AND AFFILIATES</p> <p><b>Creditor's mailing address</b> 388 GREENWICH STREET, 10TH FLOOR NEW YORK, NY 10013</p> <p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.              See Schedule D Disclosures in Global Notes  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p><b>Describe debtor's property that is subject to a lien</b> As provided in the UCC Financing Statement</p> <p style="text-align: right;">\$ <u>Undetermined</u> \$ <u>Undetermined</u></p> <p><b>Describe the lien</b> UCC - Lien Claim - As provided in UCC File Number 20230415074398 dated 04/15/2023</p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p>
------------	---	---

<b>2.8</b>	<p><b>Creditor's name</b> HYG FINANCIAL SERVICES, INC.</p> <p><b>Creditor's mailing address</b> PO BOX 35701 BILLINGS, MT 59107</p> <p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.              See Schedule D Disclosures in Global Notes  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p><b>Describe debtor's property that is subject to a lien</b> As provided in the UCC Financing Statement</p> <p style="text-align: right;">\$ <u>Undetermined</u> \$ <u>Undetermined</u></p> <p><b>Describe the lien</b> UCC - Lien Claim - As provided in UCC File Number 2019012900763 dated 01/29/2019</p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p>
------------	--	--

Debtor Haas Group International, LLC  
Name

Case number (if known): 23-90691

**Part 1: Additional Page**

Column A	Column B
<b>Amount of Claim</b>	<b>Value of collateral that supports this claim</b>
Do not deduct the value of collateral.	

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

<b>2.9</b>	<b>Creditor's name</b> NMHG FINANCIAL SERVICES, INC.	<b>Describe debtor's property that is subject to a lien</b> As provided in the UCC Financing Statement	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>
	<b>Creditor's mailing address</b> PO BOX 35701 BILLINGS, MT 59107-5701			
		<b>Describe the lien</b> UCC - Lien Claim - As provided in UCC File Number 2019012900763 dated 01/29/2019		
	<b>Creditor's email address, if known</b>  	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b> Undetermined			
	<b>Last 4 digits of account number</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D Disclosures in Global Notes <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		

<b>2.10</b>	<b>Creditor's name</b> WILMINGTON SAVINGS FUND SOCIETY, FSB	<b>Describe debtor's property that is subject to a lien</b> Second lien on current assets; first lien on fixed assets.	\$ <u>1,394,801,606.47</u>	\$ <u>Undetermined</u>
	<b>Creditor's mailing address</b> ATTN: JOHN MCNICHOL 500 DELAWARE AVENUE WILMINGTON, DE 19801			
		<b>Describe the lien</b> Guarantor on 2026 Secured 1L Notes		
	<b>Creditor's email address, if known</b> JMCNICHOL@WSFSBANK.COM	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b> 03/28/2022			
	<b>Last 4 digits of account number</b>	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	<b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D Disclosures in Global Notes <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor Haas Group International, LLC  
Name

Case number (If known): 23-90691

**Part 1: Additional Page**

Column A	Column B
<b>Amount of Claim</b> Do not deduct the value of collateral.	<b>Value of collateral that supports this claim</b>

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

<b>2.11</b>	<p><b>Creditor's name</b> WILMINGTON SAVINGS FUND SOCIETY, FSB</p> <p><b>Creditor's mailing address</b> ATTN: JOHN MCNICHOL 500 DELAWARE AVENUE WILMINGTON, DE 19801</p> <p><b>Creditor's email address, if known</b> JMCNICHOL@WSFSBANK.COM</p> <p><b>Date debt was incurred</b>      03/28/2022</p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.                  See Schedule D Disclosures in Global Notes  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p><b>Describe debtor's property that is subject to a lien</b> Third lien on current assets; second lien on fixed assets.</p> <p style="text-align: right;">\$ <u>535,995,479.11</u> \$ <u>Undetermined</u></p> <p><b>Describe the lien</b> Guarantor on 2027 Secured 1.25L Notes</p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>
-------------	---	--

<b>2.12</b>	<p><b>Creditor's name</b> WILMINGTON SAVINGS FUND SOCIETY, FSB</p> <p><b>Creditor's mailing address</b> 500 DELAWARE AVE WILMINGTON, DE 19801</p> <p><b>Creditor's email address, if known</b></p> <p><b>Date debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.                  See Schedule D Disclosures in Global Notes  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p><b>Describe debtor's property that is subject to a lien</b> As provided in the UCC Financing Statement</p> <p style="text-align: right;">\$ <u>Undetermined</u> \$ <u>Undetermined</u></p> <p><b>Describe the lien</b> UCC - Lien Claim - As provided in UCC File Number 2022033001678 dated 03/29/2022</p> <p><b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p>
-------------	--	--

Debtor Haas Group International, LLC  
Name

Case number (if known): 23-90691

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

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

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

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____
	Line 2. _____	_____

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

Debtor Haas Group International, LLC

United States Bankruptcy Court for the: Southern District of Texas, Houston Division

Case number 23-90691  
(If known)

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
<p><b>2.1</b> Priority creditor's name and mailing address</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p><b>2.2</b> Priority creditor's name and mailing address</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>	<p>\$ _____</p>
<p><b>2.3</b> Priority creditor's name and mailing address</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>	<p>\$ _____</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.

		<b>Amount of claim</b>	
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> 1ST FIRE SAFETY PO BOX 1238 CEDAR PARK, TX 78613	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>2,112.19</u>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> 3D SYSTEMS INC PO BOX 534963 ATLANTA, GA 30353-4963	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>140,350.00</u>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> 4MOST INNOVATIONS, LLC 40 W 4TH STREET MINSTER, OH 45865	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>1,197.00</u>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> 5N PLUS INC. 4385, GARAND STREET SAINT-LAURENT, QC H4R 2B4 CANADA	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>26,945.20</u>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> A&M COLD STORAGE, LLC PO BOX 86 MINSTER, OH 45865	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>4,454.99</u>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> A. W. COOK CEMENT PRODUCTS, INC. 242 AMY INDUSTRIAL LANE HOSCHTON, GA 30548	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>1,989.15</u>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ 296.97
	A. W. COOK CEMENT PRODUCTS, INC. 242 AMY INDUSTRIAL LANE HOSCHTON, GA 30548	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Uncashed Check	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ 12,641.63
	A.S.A.P. TECHNOLOGIES INC. PO BOX 1209 BUFORD, GA 30515	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ 185.40
	ABRASIVE COMPONENTS INC P.O. BOX 920 ANDOVER, NJ 07821	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ 185.40
	ABRASIVE COMPONENTS INC P.O. BOX 920 ANDOVER, NJ 07821	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Uncashed Check	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ 563.75
	ABSOPURE WATER COMPANY DEPT. # 9114019 PO BOX 701760 PLYMOUTH, MI 48170	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3.12 <b>Nonpriority creditor's name and mailing address</b></p> <p>AC PRODUCTS, INC. FILE 59903 LOS ANGELES, CA 90074-9903</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p> <p>420.00</p>
<p>3.13 <b>Nonpriority creditor's name and mailing address</b></p> <p>ACCRABOND INC. 8848 HACKS CROSS ROAD OLIVE BRANCH, MS 38654</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p> <p>4,927.86</p>
<p>3.14 <b>Nonpriority creditor's name and mailing address</b></p> <p>ACCUMET ENGINEERING INC 123 OAK HILL ROAD WESTFORD, MA 01886</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p> <p>15,013.65</p>
<p>3.15 <b>Nonpriority creditor's name and mailing address</b></p> <p>ADAPT TECHNOLOGIE LLC</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p> <p>8,876.30</p>
<p>3.16 <b>Nonpriority creditor's name and mailing address</b></p> <p>ADCO INDUSTRIES, INC 124 N. CEDAR ST JENKS, OK 74037</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p> <p>200.00</p>



Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.17	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ADCOA 17000 SO. VERMONT AVE., COMPLEX P GARDENA, CA 90247</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 68.00</p>
3.18	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ADDISON CLEAR WAVE LLC</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,450.00</p>
3.19	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ADHESIVE PACKAGING SPECIALTIES INC P.O. BOX 711886 CINCINNATI, OH 45271-1886</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 4,971.78</p>
3.20	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ADHESIVE PACKAGING SPECIALTIES INC P.O. BOX 711886 CINCINNATI, OH 45271-1886</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 250,119.36</p>
3.21	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ADHESIVES &amp; TAPES 2821 E. GRETTA LANE ANAHEIM, CA 92806</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,788.26</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3.22 <b>Nonpriority creditor's name and mailing address</b></p> <p>ADS SECURITY, LP PO BOX 531687 ATLANTA, GA 30353-1687</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>491.18</u></p>
<p>3.23 <b>Nonpriority creditor's name and mailing address</b></p> <p>ADVANCE RESEARCH CHEMICALS 1110 W. KEYSTONE AVE CATOOSA, OK 74015</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,640.00</u></p>
<p>3.24 <b>Nonpriority creditor's name and mailing address</b></p> <p>ADVANCED CERAMICS MANUFACTURING 7800 SOUTH NOGALES HIGHWAY TUCSON, AZ 85756</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>35,145.40</u></p>
<p>3.25 <b>Nonpriority creditor's name and mailing address</b></p> <p>ADVANCED MET SERVICES 539 W COMMERCE, #1018 DALLAS, TX 75208</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,344.00</u></p>
<p>3.26 <b>Nonpriority creditor's name and mailing address</b></p> <p>ADVANCED MET SERVICES 539 W COMMERCE, #1018 DALLAS, TX 75208</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>266.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.27	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ADVANCED PLASTICS, COMPOSITES MARKE 11212 EAST 112TH STREET NORTH OWASSO, OK 74055</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>61,194.12</u></p>
3.28	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ADVANCED PRECISION 27 SPECTRUM POINTE DR #307 LAKE FOREST, CA 92630</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>234.00</u></p>
3.29	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ADVANCED TECHNOLOGY SUPPLY, INC 1001 W NEWPORT CENTER DR #111 DEERFIELD BEACH, FL 33442</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>96,917.28</u></p>
3.30	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ADVANTAGE PRODUCTS 16635 138TH AVE NE SPICER, MN 56288</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>15,635.90</u></p>
3.31	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AE PETSCHKE PO BOX 910195 DALLAS, TX 75391-0195</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>29,033.75</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3.32 <b>Nonpriority creditor's name and mailing address</b></p> <p>AERO HARDWARE &amp; PARTS CO. INC. 130 BUSINESS PARK DRIVE ARMONK, NY 10504</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>10,110.00</u></p>
<p>3.33 <b>Nonpriority creditor's name and mailing address</b></p> <p>AEROCOAT SOURCE 11 MORRIS AVE MAPLE SHADE, NJ 08052</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>38,324.00</u></p>
<p>3.34 <b>Nonpriority creditor's name and mailing address</b></p> <p>AEROMATIX COMPOSITES P.O BOX 970 SAN JOSE, CA 95108</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>34,660.83</u></p>
<p>3.35 <b>Nonpriority creditor's name and mailing address</b></p> <p>AEROPACKAGING INC.</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>2,208.44</u></p>
<p>3.36 <b>Nonpriority creditor's name and mailing address</b></p> <p>AEROSPACE ALLOYS INC. 11 BRITTON DRIVE BLOOMFIELD, CT 06002</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,926.30</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.37	<b>Nonpriority creditor's name and mailing address</b> AEROSPACE LUBRICANTS 1600 GEORGESVILLE ROAD COLUMBUS, OH 43228	<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> Trade Payable	\$ _____ 132,550.78
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.38	<b>Nonpriority creditor's name and mailing address</b> AEROSPACE SEALANTS 4550 E.MCKELLIPS ROAD SUITE 112 MESA, AZ 85215	<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> Trade Payable	\$ _____ 19,163.78
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.39	<b>Nonpriority creditor's name and mailing address</b> AEROSPACE SEALANTS 4550 E.MCKELLIPS ROAD SUITE 112 MESA, AZ 85215	<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> Uncashed Check	\$ _____ 4,382.28
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.40	<b>Nonpriority creditor's name and mailing address</b> AEROTEK ULC ATTN: CONTROLLER 350 BURNHAMTHORPE ROAD W MISSISSAUGA, L5B3J1 CANADA	<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> Uncashed Check	\$ _____ 30,935.59
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.41	<b>Nonpriority creditor's name and mailing address</b> AGFA MATERIALS CORPORATION P.O. BOX 7247-6698 PHILADELPHIA, PA 19170	<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> Trade Payable	\$ _____ 846.11
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.42	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AGILENT TECHNOLOGIES INC. FORMERLY ULTRA SCIENTIFIC, INC 250 SMITH STREET NORTH KINGSTOWN, RI 02852-7723</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>177.37</u></p>
3.43	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AGILENT TECHNOLOGIES INC. FORMERLY ULTRA SCIENTIFIC, INC 250 SMITH STREET NORTH KINGSTOWN, RI 02852-7723</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>177.37</u></p>
3.44	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AGM CONTAINER CONTROLS INC. PO BOX 40020 TUCSON, AZ 85717-0020</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,463.50</u></p>
3.45	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AGM CONTAINER CONTROLS INC/AZ 3526 E FORT LOWELL RD TUCSON, AZ 85716-1705</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>59,584.48</u></p>
3.46	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AHB TOOLING &amp; MACHINERY 1663 CHAMPAGNE DRIVE NO SAGINAW, MI 48604</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>240.15</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.47	<b>Nonpriority creditor's name and mailing address</b> AI TECHNOLOGY 70 WASHINGTON ROAD PRINCETON JUNCTION, NJ 08550  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 148,825.40
3.48	<b>Nonpriority creditor's name and mailing address</b> AI TECHNOLOGY ATTN: ACCOUNTS PAYABLE 70 WASHINGTON ROAD PRINCETON JUNCTION, NJ 08550  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 395,807.45
3.48	<b>Nonpriority creditor's name and mailing address</b> AIM PRODUCTS LLC (FORMERLY AIM PRODUCTS) PO BOX 775765 CHICAGO, IL 60677-5765  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 70,008.36
3.49	<b>Nonpriority creditor's name and mailing address</b> AIMTEK INC. - T 201 WASHINGTON STREET AUBURN, MA 01501  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 19,613.06
3.51	<b>Nonpriority creditor's name and mailing address</b> AIMTEK INC. - T 201 WASHINGTON STREET AUBURN, MA 01501  <b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ 4,237.90

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.52	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ 455.70
	AIR LIQUIDE INDUSTRIAL, L.P. / TX PO BOX 802576 CHICAGO, IL 60680-2576	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.53	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ 7,364.28
	AIR PRODUCTS & CHEMICALS INC PO BOX 71200 MAIL CODE 5701 CHARLOTTE, NC 28272-1200	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.54	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ 23,949.21
	AIR VENT INC. PO BOX 712523 ACCOUNT 400210 CINCINNATI, OH 45271-2523	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.54	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ 1,031.56
	AIRGAS CARBONIC DBA AIRGAS DRY ICE - SAC P.O. BOX 736148 DALLAS, TX 75373-6148	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ 1,975.79
	AIRGAS DRY ICE PO BOX 951873 DALLAS, TX 75395-1873	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.57	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AIRGAS DRY ICE PO BOX 951873 DALLAS, TX 75395-1873</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,371.03</u></p>
3.58	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AIRGAS EAST P.O. BOX 802576 CHICAGO, IL 60680-2576</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>392.21</u></p>
3.58	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AIRGAS SOUTH, INC. P.O. BOX 802576 CHICAGO, IL 60680-2576</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>74.35</u></p>
3.60	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AIRGAS SOUTHWEST PO BOX 734671 DALLAS, TX 75373-4671</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,831.84</u></p>
3.61	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AIRGAS SOUTHWEST INC. - TX P.O. BOX 802576 CHICAGO, IL 60680-2576</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,176.36</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.62	<b>Nonpriority creditor's name and mailing address</b> AIRGAS SPECIALTY PRODUCTS PO BOX 934434 ATLANTA, GA 31193-4434	<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> Uncashed Check	\$ <u>4,520.36</u>
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.63	<b>Nonpriority creditor's name and mailing address</b> AIRGAS USA LLC PO BOX 802576 CHICAGO, IL 60680-2576	<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> Trade Payable	\$ <u>6,889.50</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.64	<b>Nonpriority creditor's name and mailing address</b> AIRGAS USA LLC P.O. BOX 802576 CHICAGO, IL 60680-2576	<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> Trade Payable	\$ <u>1,400.27</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.65	<b>Nonpriority creditor's name and mailing address</b> AIRGAS WEST P.O. BOX 802576 CHICAGO, IL 60680-2576	<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> Trade Payable	\$ <u>689.40</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.66	<b>Nonpriority creditor's name and mailing address</b> AIRGAS, INC. DBA AIRGAS USA, LLC P.O. BOX 802576 CHICAGO, IL 60680-2576	<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> Trade Payable	\$ <u>2,198.48</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.67	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 35,607.62
	AIRTECH INTERNATIONAL 5700 SKYLAB ROAD HUNTINGTON BEACH, CA 92647	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.68	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 2,901.84
	AJ ADHESIVES INC 4800 MIAMI SAINT LOUIS, MO 63116	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.68	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 52.50
	AJ FUNK & COMPANY (SPARKLE COMMERC 1471 TIMBER DRIVE ELGIN, IL 60123	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.70	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 52.50
	AJ FUNK & COMPANY (SPARKLE COMMERC 1471 TIMBER DRIVE ELGIN, IL 60123	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Uncashed Check	
	<b>Date or dates debt was incurred</b> Undetermined	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.71	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 6,632.50
	AKROFIRE INC - T 9001 ROSEHILL ROAD LENEXA, KS 66215	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3.72 <b>Nonpriority creditor's name and mailing address</b></p> <p>AKTION SUPPLY INC. 28310 AVENUE CROCKER UNIT A VALENCIA, CA 91355</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>605.73</u></p>
<p>3.73 <b>Nonpriority creditor's name and mailing address</b></p> <p>AKZO NOBEL AEROSPACE COATINGS 525 WEST VAN BUREN CHICAGO, IL 60607</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>151.56</u></p>
<p>3.74 <b>Nonpriority creditor's name and mailing address</b></p> <p>ALCONOX/NY 30 GLENN STREET STE 309 STE 309 WHITE PLAINS, NY 10603</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>178.60</u></p>
<p>3.75 <b>Nonpriority creditor's name and mailing address</b></p> <p>ALION SCIENCE AND TECHNOLOGY PO BOX 715695 PHILADELPHIA, PA 19171-5695</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>11,530.00</u></p>
<p>3.76 <b>Nonpriority creditor's name and mailing address</b></p> <p>ALL WORLD MACHINERY SUPPLY, INC. 6164 ALL WORLD WAY ROSCOE, IL 61073</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,155.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.77 <b>Nonpriority creditor's name and mailing address</b></p> <p>ALL4-PCB (NORTH AMERICA) INC 345 MIRA LOMA AVE GLENDALE, CA 91204</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 7,110.00</p>
<p>3.78 <b>Nonpriority creditor's name and mailing address</b></p> <p>ALLEN SPECIAL PRODUCTS, INC. P.O. BOX 605 MONTGOMERYVILLE, PA 18936</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 89,280.00</p>
<p>3.78 <b>Nonpriority creditor's name and mailing address</b></p> <p>ALLEN WOODS &amp; ASSOCIATES 2515 CLEARBROOK DR. ARLINGTON HEIGHTS, IL 60005-4652</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 20,553.10</p>
<p>3.80 <b>Nonpriority creditor's name and mailing address</b></p> <p>ALLIANCE COATINGS INC. 1666 N. MAGNOLIA AVENUE SUITE G EL CAJON, CA 92020</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 30,893.56</p>
<p>3.81 <b>Nonpriority creditor's name and mailing address</b></p> <p>ALLIANCE SOLVENTS &amp; CHEMICALS PO BOX 445 HUTTO, TX 78634</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 11,005.54</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.82	<b>Nonpriority creditor's name and mailing address</b> ALLIED ELECTRONICS, INC. PO BOX 2325 FORT WORTH, TX 76113-2325	<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> Trade Payable	\$ _____ 49.23
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	<b>Nonpriority creditor's name and mailing address</b> ALLIED ELECTRONICS, INC. PO BOX 2325 FORT WORTH, TX 76113-2325	<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> Uncashed Check	\$ _____ 49.23
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	<b>Nonpriority creditor's name and mailing address</b> ALLIED HIGH TECH PRODUCTS 2376 EAST PACIFICA PLACE RANCHO DOMINGUEZ, CA 90220	<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> Trade Payable	\$ _____ 2,149.00
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.85	<b>Nonpriority creditor's name and mailing address</b> ALLIED PLATING SUPPLIES, INC. 5000 EAST 10TH COURT HIALEAH, FL 33013	<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> Trade Payable	\$ _____ 111.70
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.86	<b>Nonpriority creditor's name and mailing address</b> ALMCO INC PO BOX 856971 MINNEAPOLIS, MN 55485-6971	<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> Trade Payable	\$ _____ 23,540.00
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3.87 <b>Nonpriority creditor's name and mailing address</b></p> <p>ALPHA ADVANCED METALS MAIL CODE 5284 P.O. BOX 660367 DALLAS, TX 75266-0367</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,937.93</u></p>
<p>3.88 <b>Nonpriority creditor's name and mailing address</b></p> <p>ALPINE TECHNICAL SERVICES 601 W. 6825 S. MIDVALE, UT 84047</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>527.75</u></p>
<p>3.89 <b>Nonpriority creditor's name and mailing address</b></p> <p>AMCOL CORPORATION 21435 DEQUINDRE HAZEL PARK, MI 48030</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>665.82</u></p>
<p>3.90 <b>Nonpriority creditor's name and mailing address</b></p> <p>AMERICAN CODING &amp; MARKING CO. 1220 NORTH AVENUE PLAINFIELD, NJ 07062</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>147.73</u></p>
<p>3.91 <b>Nonpriority creditor's name and mailing address</b></p> <p>AMERICAN ELEMENTS 10884 WEYBURN AVE LOS ANGELES, CA 90024</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>7,474.55</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.92 <b>Nonpriority creditor's name and mailing address</b></p> <p>AMERICAN GAS &amp; CHEMICAL 220 PEGASUS AVENUE NORTHVALE, NJ 07647</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,076.45</u></p>
<p>3.93 <b>Nonpriority creditor's name and mailing address</b></p> <p>AMERICAN INDUSTRIES, INC PO BOX 1405 LUMBERTON, NC 28359-1405</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>184.12</u></p>
<p>3.94 <b>Nonpriority creditor's name and mailing address</b></p> <p>AMERICAN LUBRICANTS, INC 619 BAILEY AVE BUFFALO, NY 14206</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>22,955.93</u></p>
<p>3.95 <b>Nonpriority creditor's name and mailing address</b></p> <p>AMERICAN MARKING SYSTEMS 10 GREENWOOD AVENUE SUITE C WOODBURY, NJ 08096</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>89.00</u></p>
<p>3.96 <b>Nonpriority creditor's name and mailing address</b></p> <p>AMERICAN REFRIGERATION CO. PO BOX 21127 PHOENIX, AZ 85036</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>7.25</u></p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.97	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 3,201.83
	AMERICAN REFRIGERATION CO. P.O. BOX 21147 PHOENIX, AZ 85036-1147	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.98	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 1,646.30
	AMERICHEM SALES CORPORATION PO BOX 776739 CHICAGO, IL 60677-6739	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.99	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 215.69
	AMERIGAS PO BOX 371473 PITTSBURGH, PA 15250-7473	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 434.64
	AMERIGAS PROPANE LP PO BOX 371473 PITTSBURGH, PA 15250-7473	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.101	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 1,178.90
	AMFUEL	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.102	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 122,640.00
	AML INDUSTRIES, INC. P.O BOX 4110 WARREN, OH 44483	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.103	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 49,683.27
	AMPAC SERVICES, INC 8388 ROVANA CIRCLE SACRAMENTO, CA 95828-2527	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.104	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 1,399.51
	AMSOIL INC PO BOX# 854148 MINNEAPOLIS, MN 55485-4148	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.105	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 6,499.14
	AMVAC CHEMICAL CORPORATION 4695 MACARTHUR COURT, SUITE 1200 NEWPORT BEACH, CA 92660	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.106	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 421.00
	ANA TRADING CORP., U.S.A. PO BOX 31001-2552 PASADENA, CA 91110-2552	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.107	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 51.00
	ANCHOR CHEMICAL CO. 777 CANTERBURY ROAD WESTLAKE, OH 44145	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.108	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 1,762.30
	ANDERSON PROCESS 24107 NETWORK PLACE CHICAGO, IL 60673	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.109	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 33,201.18
	ANSTAR PRODUCTS, INC. 5745 W HOWARD STREET NILES, IL 60714	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.110	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 17,207.85
	AOCUSA P.O. BOX #99744 CHICAGO, IL 60696	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.111	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 1,157.09
	AOS THERMAL COMPOUNDS 22 MERIDIAN ROAD SUITE 6 EATONTOWN, NJ 07724	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.112	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 510,793.86
	AP&G 75 EAST 2ND ST BAYONNE, NJ 07002	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.113	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 1,814.61
	APO PUMPS AND COMPRESSORS LLC PO BOX 634968 CINCINNATI, OH 45263	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.114	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 3,348.00
	APOLLO CHEMICAL	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.115	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 839.71
	APPLIED INDUSTRIAL TECH 22510 NETWORK PLACE CHICAGO, IL 60673-1225	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.116	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 352.95
	APPLIED INDUSTRIAL TECHNOLOGIE 22510 NETWORK PLACE CHICAGO, IL 60673-1225	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.117	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 220.69
	APPLIED INDUSTRIAL TECHNOLOGIE 22510 NETWORK PLACE CHICAGO, IL 60673-1225	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.118	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 32.22
	APPLIED INDUSTRIAL TECHNOLOGIES 4346 E ELWOOD ST, STE 109 PHOENIX, AZ 85040-0901	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.119	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 104.16
	APPLIED INDUSTRIAL TECHNOLOGIES 22510 NETWORK PLACE CHICAGO, IL 60673-1225	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.120	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 113.20
	APPLIED INDUSTRIES TECHNOLOGIE PO BOX 905794 CHARLOTTE, NC 28290-5794	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.121	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 85.83
	APPLIED INDUSTRIES TECHNOLOGIE PO BOX 905794 CHARLOTTE, NC 28290-5794	<i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Uncashed Check	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Undetermined		

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.122	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 3,120.00
	APPLIED THERMAL FLUIDS 650 S WEBSTER AVE, #206 ANAHEIM, CA 92804	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.123	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 4,700.00
	APPLIED THIN FILMS, INC. 8261 ELMWOOD AVE. SKOKIE, IL 60077	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.124	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 740,135.86
	APPLI-TEC INC 7 INDUSTRIAL WAY SALEM, NH 03079	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.125	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 48,475.40
	APTEK LABORATORIES INC 28570 LIVINGSTON AVENUE VALENCIA, CA 91355-4171	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.126	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 738.78
	AQUA PHOENIX SCIENTIFIC 860 GITTS RUN ROAD HANOVER, PA 17331	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.127	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AQUA SOLUTIONS PO BOX 70 DEER PARK, TX 77536</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	<p>\$ <u>153.85</u></p>
	<p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.128	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AQUEOUS TECHNOLOGIES CORPORATION 1678 N MAPLE ST CORONA, CA 92880</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p>	<p>\$ <u>582.00</u></p>
	<p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.129	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ARC TECHNOLOGIES PO BOX 7410048 CHICAGO, IL 60674-5048</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	<p>\$ <u>32,083.00</u></p>
	<p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.130	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ARCADIA CHEMICAL INC. P.O. BOX 736 LAWTON, MI 49065</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	<p>\$ <u>34,453.00</u></p>
	<p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.131	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ARCTIC COOLER-FREEZER REPAIR INC.</p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p>	<p>\$ <u>3,840.44</u></p>
	<p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.132	<b>Nonpriority creditor's name and mailing address</b> ARIZONA PNEUMATIC INC. 205 S. RIVER DRIVE TEMPE, AZ 85281	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 198.00
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.133	<b>Nonpriority creditor's name and mailing address</b> ARIZONA VALVE & FITTING PO BOX 64083 PHOENIX, AZ 85082-4083	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 325.50
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.134	<b>Nonpriority creditor's name and mailing address</b> ARIZONA VALVE & FITTING 4926 E BEVERLY RD PHOENIX, AZ 85044	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 146.16
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.135	<b>Nonpriority creditor's name and mailing address</b> ARROW ADHESIVE CO. - T 5457-T SPALDING DRIVE NORCROSS, GA 30092	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 2,370.00
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.136	<b>Nonpriority creditor's name and mailing address</b> ARROW ELECTRONICS INC PO BOX 79329 CITY OF INDUSTRY, CA 91716-9329	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 636.00
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.137	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ARROW ELECTRONICS INC PO BOX 350090 BOSTON, MA 02241-0590</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 636.00</p>
3.138	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ASH AUTOMATED PACKAGING SYSTEMS, INC P.O. BOX 59946 DALLAS, TX 75229</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 363.31</p>
3.139	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ASHLAND SPECIALTY (FORMERLY ISP TECHNOLO</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,906.00</p>
3.140	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ASPEN REFRIGERANTS INC. PO BOX 208527 DALLAS, TX 75320</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 59,331.95</p>
3.141	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ASSOCIATED CHEMICAL AND ABRAS</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 11,520.00</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.142	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ASSOCIATED INDUSTRIES 225 WABASH WICHITA, KS 67214</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>75,479.24</u></p>
3.143	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ASTRIX TECHNOLOGY, LLC PO BOX 415773 BOSTON, MA 02241-5773</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,240.00</u></p>
3.144	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ASTRO CHEMICAL CO., INC. PO BOX 1250 BALLSTON LAKE, NY 12019</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>9,375.71</u></p>
3.145	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ASTRO CHEMICAL CO., INC. PO BOX 1250 BALLSTON LAKE, NY 12019</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,056.53</u></p>
3.146	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ASURE TEST, INC. PO BOX 1829 ST. CHARLES, MO 63302</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>48.95</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.147	<b>Nonpriority creditor's name and mailing address</b> ASURE TEST, INC. PO BOX 1829 ST. CHARLES, MO 63302	<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> Uncashed Check	\$ _____ 48.95
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.148	<b>Nonpriority creditor's name and mailing address</b> AT&T PO BOX 5019 CAROL STREAM, IL 60197-5019	<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> Trade Payable	\$ _____ 242.49
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.149	<b>Nonpriority creditor's name and mailing address</b> ATLAS COPCO COMPRESSORS INC. DEPT. CH 19511 PALENTINE, IL 60055-9511	<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> Trade Payable	\$ _____ 2,361.16
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.150	<b>Nonpriority creditor's name and mailing address</b> ATLAS COPCO COMPRESSORS INC. DEPT CH 19511 PALATINE, IL 60055-9511	<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> Trade Payable	\$ _____ 315.24
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.151	<b>Nonpriority creditor's name and mailing address</b> ATOTECH USA INC (CHEMISTRY DIV) P.O. BOX 29751 CHICAGO, IL 60673	<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> Trade Payable	\$ _____ 4,359.00
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<p>3.152 <b>Nonpriority creditor's name and mailing address</b></p> <p>ATOTECH USA INC (CHEMISTRY DIV) 29751 NETWORK PLACE CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>125,947.12</u></p>
<p>3.153 <b>Nonpriority creditor's name and mailing address</b></p> <p>AUTO TECHNOLOGY COMPANY 20026 PROGRESS DRIVE STRONGSVILLE, OH 44149</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>808.00</u></p>
<p>3.154 <b>Nonpriority creditor's name and mailing address</b></p> <p>AUTOMOTIVE &amp; INDUSTRIAL SUPPLY 2507 S. 1900 W OGDEN, UT 84401</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>214,833.80</u></p>
<p>3.155 <b>Nonpriority creditor's name and mailing address</b></p> <p>AUTOMOTIVE PAINTER'S SUPPLY 1267 NEWELL PARKWAY MONTGOMERY, AL 36110</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>192.30</u></p>
<p>3.156 <b>Nonpriority creditor's name and mailing address</b></p> <p>AVATAR CORPORATION DEPT 20-8030 PO BOX 5998 CAROL STREAM, IL 60197-5998</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>13,377.83</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.157	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AVIALL SERVICES INC -T PO BOX 842267 DALLAS, TX 75284-2267</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 65.76</p>
3.158	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AVIATION DEVICES AND ELECT COMPONENTS LL 3215 W LOOP 820 S FORT WORTH, TX 76116-5941</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 64,200.24</p>
3.159	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AVIATION FLUIDS SVCS INC/DIV OF TBM 8506 HERRINGTON COURT PEVELY, MO 63070</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 6,160.92</p>
3.160	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AVIATION PRODUCTS INCORPORATED PO BOX 918 RHOME, TX 76078</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 28,218.11</p>
3.161	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AVIATION PRODUCTS INCORPORATED 5621 EAST ROSEDALE FORT WORTH, TX 76112-6948</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 7,133.10</p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.162	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AVILION INC 3947 LINCOLN HIGHWAY DOWNTOWN, PA 19335</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 352.95</p>
3.163	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AVISTA TECHNOLOGIES 140 BOSSTICK BLVD SAN MARCOS, CA 92069</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 257.00</p>
3.164	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>AZELIS AMERICAS CASE, LLC 4929 SOLUTION CENTER CHICAGO, IL 60677</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,603.84</p>
3.165	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>B &amp; G EQUIPMENT COMPANY INC. 135 REGION SOUTH DR. JACKSON, GA 30233</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 109,501.41</p>
3.166	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BACON ADHESIVES LLC, SUBSIDIARY OF ROYAL PO BOX 844395 BOSTON, MA 02284-4395</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,203.20</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.			Amount of claim
3.167	<b>Nonpriority creditor's name and mailing address</b> BACON INDUSTRIES INC. 194 PLEASANT ST. WATERTOWN, MA 02472-2399	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check	\$ <u>1,035.00</u>
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.168	<b>Nonpriority creditor's name and mailing address</b> BAILEY MAGEE C/O WILSHIRE LAW FIRM ATTN: ARAM BOYADJIAN, JOHN YSLAS, & ANDREW SANDOVAL 3055 WILSHIRE BLVD., 12TH FLOOR LOS ANGELES, CA 90010	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> Litigation, Case # 2023-00335381, CA Sup Ct Sacramento Cty	\$ <u>Undetermined</u>
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.169	<b>Nonpriority creditor's name and mailing address</b> BARRON SPECIALTY COATINGS 215 CLAY ST NW STE B2 AUBURN, WA 98001	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>1,408.55</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.170	<b>Nonpriority creditor's name and mailing address</b> BARRON SPECIALTY COATINGS 215 CLAY ST NW STE B2 AUBURN, WA 98001	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check	\$ <u>1,408.55</u>
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.171	<b>Nonpriority creditor's name and mailing address</b> BARTON SOLVENT, INC. P.O. 711 EL DORADO, KS 67042	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>139,398.13</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.172	<b>Nonpriority creditor's name and mailing address</b> BAYCHEM PO BOX 2520 MENLO PARK, CA 94026	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 2,946.69
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.173	<b>Nonpriority creditor's name and mailing address</b> BDO CENTRAL FINANCE TEAM 2 CITY PLACE BEEHIVE RING ROAD GATWICK, WEST SUSSEX, RH6 0PA UNITED KINGDOM	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 31,779.67
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.174	<b>Nonpriority creditor's name and mailing address</b> BEARING HEADQUARTERS CO. PO BOX 6267 BROADVIEW, IL 60155-6267	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 22,364.19
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.175	<b>Nonpriority creditor's name and mailing address</b> BEDBUG CENTRAL, LLC P.O. BOX 5309 TRENTON, NJ 08638	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 1,789.46
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.176	<b>Nonpriority creditor's name and mailing address</b> BELL LABORATORIES, INC. PO BOX 8421 MADISON, WI 53708	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 220,236.43
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.177	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BENZ OIL INC BIN #53141 MILWAUKEE, WI 53288</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>7,323.02</u></p>
3.178	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BENZ OIL INC BOX #53141 MILWAUKEE, WI 53288</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>54,912.15</u></p>
3.179	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BERGQUIST COMPANY</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,929.50</u></p>
3.180	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BERTECH-KELEX (INTERSTATE GROUP) 640 MAPLE AVE TORRANCE, CA 90503</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,046.00</u></p>
3.181	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BETA DIAMOND PRODUCTS PO BOX 2069 YORBA LINDA, CA 92885</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>902.50</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.182	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BETTER ENGINEERING 1802 FASHION COURT JOPPA, MD 21085</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>180.00</u></p>
3.183	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BILL BOYD COMPANIES LLC DBA AERO COLORS PO BOX 679472 DALLAS, TX 75267-9472</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,600.00</u></p>
3.184	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BIO-ORGANIC CATALYST OF CANADA INC. PO BOX 1444, STATION K TORONTO, ON M4P 3J7 CANADA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,200.00</u></p>
3.185	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BISCO INDUSTRIES INC. PO BOX 68062 ANAHEIM, CA 92817</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>16,813.60</u></p>
3.186	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BLASER SWISSLUBE, INC. GOSHEN, NY 31 HATFIELD LANE GOSHEN, NY 10924</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,656.57</u></p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.187	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BLEND SUPPLY 4701 NORTH MAIN STREET FORT WORTH, TX 76106</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 17,789.08</p>
3.188	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BLUE PHOTON TECHNOLOGY &amp; WORKHOLDING SYS 1002 INDUSTRIAL PARK DR SHELBY, MI 49455</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 196.12</p>
3.189	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BOCSCI INC 45-16 RAMSEY ROAD SHIRLEY, NY 11967</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 628.00</p>
3.190	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BOCSCI INC 45-16 RAMSEY ROAD SHIRLEY, NY 11967</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 628.00</p>
3.191	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BOEING DISTRIBUTION SERVICES INC 88289 EXPEDITE WAY CHICAGO, IL 60695</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 25,763.16</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.192	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BOEING DISTRIBUTION SERVICES INC. PO BOX 842267 DALLAS, TX 75284-2267</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 95,062.83</p>
3.193	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BOEING DISTRIBUTION SERVICES INC. 88289 EXPEDITE WAY CHICAGO, IL 60695-0001</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 12,071.18</p>
3.194	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BOKF, NA ATTN: GEORGE KUBIN, SENIOR VICE PRESIDENT 1600 BROADWAY 3RD FLOOR DENVER, CO 80202</p> <p><b>Date or dates debt was incurred</b> 11/27/2019</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor on 2024 Unsecured Notes</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 184,952,615.33</p>
3.195	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BOKF, NA ATTN: GEORGE KUBIN, SENIOR VICE PRESIDENT 1600 BROADWAY 3RD FLOOR DENVER, CO 80202</p> <p><b>Date or dates debt was incurred</b> 11/27/2019</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor on 2026 Unsecured Notes</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 353,490,574.48</p>
3.196	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BOKF, NA ATTN: GEORGE KUBIN, SENIOR VICE PRESIDENT 1600 BROADWAY 3RD FLOOR DENVER, CO 80202</p> <p><b>Date or dates debt was incurred</b> 11/27/2019</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Guarantor on 2027 Unsecured Notes</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 111,565,598.96</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.197	<b>Nonpriority creditor's name and mailing address</b> BOLTON METAL PRODUCTS PO BOX 239 BELLEFONTE, PA 16823-0239	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 470.00
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.198	<b>Nonpriority creditor's name and mailing address</b> BONDLINE ELECTRONIC ADHESIVES INC. 777 N PASTORIA AVENUE SUNNYVALE, CA 94085	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 8,674.10
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.199	<b>Nonpriority creditor's name and mailing address</b> BONDY'S OUTDOOR EQUIPMENT, LLC 3820 ROSS CLARK CIRCLE DOTHAN, AL 36303	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 525.00
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.200	<b>Nonpriority creditor's name and mailing address</b> BOSTIK FINDLEY INC P.O. BOX 74008167 CHICAGO, IL 60674-8167	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 2,421.00
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.201	<b>Nonpriority creditor's name and mailing address</b> BOW ELECTRONIC SOLDERS P.O. BOX 306011 NASHVILLE, TN 37230-6011	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 306.28
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.202	<b>Nonpriority creditor's name and mailing address</b> BP LUBRICANTS USA INC. 12294 COLLECTIONS CENTER DR CHICAGO, IL 60693	<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> Trade Payable	\$ <u>174,699.01</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.203	<b>Nonpriority creditor's name and mailing address</b> BP LUBRICANTS USA INC. 1500 VALLEY ROAD WAYNE, NJ 07470	<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> Trade Payable	\$ <u>55,079.90</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.204	<b>Nonpriority creditor's name and mailing address</b> BP LUBRICANTS USA INC. P.O. BOX 734591 CHICAGO, IL 60673-4591	<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> Trade Payable	\$ <u>24,333.65</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.205	<b>Nonpriority creditor's name and mailing address</b> BRABAZON PUMPE COMPANY LTD. 2484 CENTURY ROAD GREEN BAY, WI 54303	<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> Trade Payable	\$ <u>788.45</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.206	<b>Nonpriority creditor's name and mailing address</b> BRADY WORLDWIDE PO BOX 71995 CHICAGO, IL 60694-1995	<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> Trade Payable	\$ <u>29,447.71</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.207	<b>Nonpriority creditor's name and mailing address</b> BRANDENBURG NA LLC 501 FOUNTAIN LAKES BLVD, SUITE 113, SAINT CHARLES, MO 63301	<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> Trade Payable	\$ <u>233,893.20</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.208	<b>Nonpriority creditor's name and mailing address</b> BRAND-NU LABORATORIES 377 RESEARCH PARKWAY MERIDEN, CT 06450	<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> Trade Payable	\$ <u>95,673.40</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.209	<b>Nonpriority creditor's name and mailing address</b> BRENNTAG 3796 RELIABLE PARKWAY CHICAGO, IL 60686-0037	<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> Trade Payable	\$ <u>1,691.80</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.210	<b>Nonpriority creditor's name and mailing address</b> BRENNTAG GREAT LAKES, LLC 52200 EAGLE WAY CHICAGO, IL 60678-1522	<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> Trade Payable	\$ <u>6,420.50</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.211	<b>Nonpriority creditor's name and mailing address</b> BRENNTAG LUBRICANTS NORTHEAST PO BOX 843334 DALLAS, TX 75284-3334	<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> Trade Payable	\$ <u>2,602.80</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.212	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ <u>518,855.93</u>
	BRENNTAG LUBRICANTS NORTHEAST PO BOX 843334 DALLAS, TX 75284-3334	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable		
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.213	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ <u>34,166.00</u>
	BRENNTAG LUBRICANTS NORTHEAST PO BOX 201978 DALLAS, TX 75320-1978	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable		
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.214	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ <u>58,535.96</u>
	BRENNTAG LUBRICANTS NORTHEAST 42 RUMSEY ROAD EAST HARTFORD, CT 06108	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable		
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.215	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ <u>95,485.87</u>
	BRENNTAG MID-SOUTH, INC PO BOX 752094 CHARLOTTE, NC 28275-2094	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable		
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.216	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	\$ <u>34,358.66</u>
	BRENNTAG MID-SOUTH, INC. 3796 RELIABLE PARKWAY CHICAGO, IL 60686-0037	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> Trade Payable		
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.217	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRENNTAG MID-SOUTH, INC. 3796 RELIABLE PARKWAY CHICAGO, IL 60686-0037</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,044.68</u></p>
3.218	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRENNTAG NORTHEAST PO BOX 62111 BALTIMORE, MD 21264-2111</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,350.60</u></p>
3.219	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRENNTAG PACIFIC INC FILE#2674 LOS ANGELES, CA 90074</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>285.00</u></p>
3.220	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRENNTAG PACIFIC, INC. FILE #2674 LOS ANGELES, CA 90074-2674</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,076.20</u></p>
3.221	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRENNTAG SOUTHEAST PO BOX 752094 CHARLOTTE, NC 28275-2094</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,372.95</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.222	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 80,763.25
	BRENNTAG SOUTHWEST INC PO BOX 970230 DALLAS, TX 75397-0230	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.223	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 99,237.40
	BRENNTAG SOUTHWEST INC. FILE# 2674 LOS ANGELES, CA 90074-2674	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.224	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 9,455.50
	BRENNTAG SPECIALTIES, INC. P.O. BOX 780510 PHILADELPHIA, PA 19178-0510	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.225	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 122,668.73
	BRENNTAG-SOUTHWEST PO BOX 970230 DALLAS, TX 75397	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.226	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 110,235.10
	BREYDEN PRODUCTS INC. 4532 E PARK 30 DRIVE COLUMBIA CITY, IN 46725	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.227	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRIGHT HOUSE NETWORKS LLC PO BOX 790450 SAINT LOUIS, MO 63179-0450</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>129.22</u></p>
3.228	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRIGHTON LABS 13048 PO BOX 2428 BRIGHTON, MI 48116</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>94,852.77</u></p>
3.229	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRISTOL TAPE CORPORATION 598 AIRPORT ROAD FALL RIVER, MA 02720</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,778.08</u></p>
3.230	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BROCO PRODUCTS INC. 18624 SYRACUSE AVENUE CLEVELAND, OH 44110-2541</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>71.73</u></p>
3.231	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BROOKFIELD AMETEK P.O. BOX 419319 BOSTON, MA 02241-9319</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>322.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.232	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BRULIN CORPORATION PO BOX 7048 INDIANAPOLIS, IN 46207-7048</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>48,426.24</u></p>
3.233	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BUCKLEY OIL CO 2900 KEMP RANCH CROSSING MIDLOTHIAN, TX 76065</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>22,323.80</u></p>
3.234	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BUEHLER LTD 39343 TREASURY CENTER CHICAGO, IL 60694-9300</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>24,026.30</u></p>
3.235	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BUEHLER, A DIVISION OF ILLINOIS TOOL WOR 39343 TREASURY CENTER CHICAGO, IL 60694</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>243.00</u></p>
3.236	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>BURDEN CHEMICAL COMPANY 1517 HUGUENOT RD. SUITE 103 MIDLOTHIAN, VA 23113</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>20,581.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.237	<b>Nonpriority creditor's name and mailing address</b> BUSCH INCORPORATED PO BOX 8247 VIRGINA BEACH, VA 23450	<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> Trade Payable	\$ 2,050.96
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.238	<b>Nonpriority creditor's name and mailing address</b> BUTLER BROS SUPPLY DIVISON PO BOX 1375 LEWISTON, ME 04240	<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> Trade Payable	\$ 22,122.38
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.239	<b>Nonpriority creditor's name and mailing address</b> C.E. FREY ENGINEERING LLC 2310 E. CENTRAL UNIT 10 DUARTE, CA 91010	<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> Trade Payable	\$ 3,366.60
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.240	<b>Nonpriority creditor's name and mailing address</b> C.E. FREY ENGINEERING LLC 2310 E. CENTRAL UNIT 10 DUARTE, CA 91010	<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> Uncashed Check	\$ 2,563.60
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.241	<b>Nonpriority creditor's name and mailing address</b> C.G. EDWARDS 272 DORCHESTER AVE, P.O. BOX 358 BOSTON, MA 02127	<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> Trade Payable	\$ 1,472.00
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.242	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CAAP COMPANY 152 PEPES FARM ROAD MILFORD, CT 06460</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>82,636.00</u></p>
3.243	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CADILLAC OIL COMPANY PO BOX 776919 CHICAGO, IL 60677-6919</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>13,509.36</u></p>
3.244	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CAMBRIDGE ISOTOPE LABS INC 13528 COLLECTION CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>654.00</u></p>
3.245	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CAMBRIDGE MILL PRODUCTS PO BOX 490 MALVERN, OH 44644</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5,222.00</u></p>
3.246	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CAMCODE PO BOX 73702-N CLEVELAND, OH 44193-1009</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>10,234.40</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.247	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CAMCODE (FKA HORIZON, INC.) PO BOX 73702-N CLEVELAND, OH 44193-1009</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,571.75</u></p>
3.248	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CANON FINANCIAL SERVICES, INC 14904 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,747.16</u></p>
3.249	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CAPITAL COOLING SERVICE LLC</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5,523.46</u></p>
3.250	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CAPITOL SCIENTIFIC INC 2500 RUTLAND DRIVE AUSTIN, TX 78758</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>440.22</u></p>
3.251	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CAPLINQ AMERICAS, INC. PO BOX 5155, 847 SUMPTEER ROAD BELLEVILLE, MI 48111</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>662.05</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.252	<b>Nonpriority creditor's name and mailing address</b> CAPPLUGS (FORMERLY SHERCON INC) PO BOX 1693 CAROL STREAM, IL 60132-1693	<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> Trade Payable	\$ _____ 3,709.15
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.253	<b>Nonpriority creditor's name and mailing address</b> CAPTURE 3D INC. 3207 SOUTH SHANNON STREET SANTA ANA, CA 92704	<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> Trade Payable	\$ _____ 1,920.00
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.254	<b>Nonpriority creditor's name and mailing address</b> CARBON FILTRATION SYSTEMS INC. 68 MILL STREET JOHNSTON, RI 02919	<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> Trade Payable	\$ _____ 3,600.00
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.255	<b>Nonpriority creditor's name and mailing address</b> CARBON FILTRATION SYSTEMS INC. 68 MILL STREET JOHNSTON, RI 02919	<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> Uncashed Check	\$ _____ 1,200.00
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.256	<b>Nonpriority creditor's name and mailing address</b> CARDINAL INDUSTRIAL FINISHES P.O. BOX 9296 SOUTH EL MONTE, CA 91733-0965	<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> Trade Payable	\$ _____ 6,730.65
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.257	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 13,825.45
	CARDINAL INDUSTRIAL FINISHES PO BOX 9296 SOUTH EL MONTE, CA 91733-0965	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.258	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 6,344.29
	CARGILL SALT P O BOX 415927 BOSTON, MA 02241-5927	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.259	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 37,170.00
	CARMEUSE LIME, INC PO BOX 712604 CINCINNATI, OH 45271	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.260	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 568.08
	CAROLINA HANDLING, LLC P O BOX 890352 CHARLOTTE, NC 28289-0352	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.261	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 97,902.40
	CASCADE COLUMBIA DISTRIBUTION CO PO BOX 24745 SEATTLE, WA 98124	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.262	<b>Nonpriority creditor's name and mailing address</b> CASS INFORMATION SYSTEMS, INC.	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>786.82</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.263	<b>Nonpriority creditor's name and mailing address</b> CEDAR CONCEPTS CORPORATION, LUBRIFI LUBRIFILM DIVISION CHICAGO, IL 60609	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>4,376.25</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.264	<b>Nonpriority creditor's name and mailing address</b> CEIBA TECHNOLOGIES 410 N ROOSEVELT AVE. CHANDLER, AZ 85226	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>1,115.00</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.265	<b>Nonpriority creditor's name and mailing address</b> CENTRAL LIFE SCIENCES PO BOX 504336 ST LOUIS, MO 63150-4336	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>344,497.84</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.266	<b>Nonpriority creditor's name and mailing address</b> CENTRAL LIFE SCIENCES PO BOX 504336 ST LOUIS, MO 63150-4336	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check	\$ <u>191,091.84</u>
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.267	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CENTURYLINK PO BOX 91155 SEATTLE, WA 98111-9255</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>181.13</u></p>
3.268	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CENTURYLINK PO BOX 29040 PHOENIX, AZ 85038-9040</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>300.00</u></p>
3.269	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CERTIFIED LABS DIV (NCH CORPORATION) 23261 NETWORK PLACE CHICAGO, IL 60673-1232</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>653.44</u></p>
3.270	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CHARTER NEXT GENERATION INC. PO BOX 9183427 CHICAGO, IL 60691-3427</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>19,139.20</u></p>
3.271	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CHASE CORP/FLUID POLYMERS DIVISION PO BOX 415299 BOSTON, MA 02241-5299</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,355.34</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.272	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CHEM ARROW PO BOX 2366 IRWINDALE, CA 91706</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>10,741.10</u></p>
3.273	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CHEM-AQUA 23261 NETWORK PLACE CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,722.71</u></p>
3.274	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CHEMETALL OAKITE 22040 NETWORK PLACE CHICAGO, IL 60673-1220</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>20,196.00</u></p>
3.275	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CHEMICAL CONSULTANTS INC 1850 WILD TURKEY CIRCLE CORONA, CA 92880</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>69.44</u></p>
3.276	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CHEMICAL STRATEGIES INC 41780 N. VISION WAY ANTHEM, AZ 85086</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>10,221.68</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.277 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$ 36,657.04  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Trade Payable

**Date or dates debt was incurred** **Is the claim subject to offset?**  
 No  
 Yes

**Last 4 digits of account number**

3.278 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$ 6,245.61  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Trade Payable

**Date or dates debt was incurred** **Is the claim subject to offset?**  
 No  
 Yes

**Last 4 digits of account number**

3.279 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$ 27,835.42  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Trade Payable

**Date or dates debt was incurred** **Is the claim subject to offset?**  
 No  
 Yes

**Last 4 digits of account number**

3.280 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$ 1,443.36  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Trade Payable

**Date or dates debt was incurred** **Is the claim subject to offset?**  
 No  
 Yes

**Last 4 digits of account number**

3.281 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** \$ 11,075.90  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Trade Payable

**Date or dates debt was incurred** **Is the claim subject to offset?**  
 No  
 Yes

**Last 4 digits of account number**

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.282	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CHEM-TREND INC 22002 NETWORK PLACE CHICAGO, IL 60673-1220</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>95,220.98</u></p>
3.283	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CHEM-TREND INC. 22002 NETWORK PLACE CHICAGO, IL 60673-1220</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>69,369.54</u></p>
3.284	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CHEVRON GLOBAL LUBRICANTS P.O. BOX 730348 DALLAS, TX 75373</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>18,004.71</u></p>
3.285	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CHICAGO TAG &amp; LABEL, INC. 2501 COMMERCE DRIVE LIBERTYVILLE, IL 60048</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>605.00</u></p>
3.286	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CHILLER UPTIME TECHNOLOGIES, LLC 4660 MAIN ST. BLDG. D STE. 630 SPRINGFIELD, OR 97478</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>70,226.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.287	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CIMCOOL INDUSTRIAL PRODUCTS LLC P. O. BOX779102 CHICAGO, IL 60677-9102</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>26,893.51</u></p>
3.288	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CINTAS CORPORATION PO BOX 631025 CINCINNATI, OH 45263-1025</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>8,753.29</u></p>
3.289	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CINTAS CORPORATION, LOCATION 017 PO BOX 630910 CINCINNATI, OH 45263-0910</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>431.88</u></p>
3.290	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CITY OF ROSEVILLE</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5,281.05</u></p>
3.291	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CLARIANT CORPORATION DEPT 2203 CAROL STREAM, IL 60132</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>194,281.82</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.292	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CLEAN EARTH ENVIRONMENTAL SOLUTIONS, INC 29338 NETWORK PL. CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,962.00</u></p>
3.293	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CLEANNET OF ARIZONA 8393 CAPWELL DR SUITE 230 OAKLAND, CA 94621</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5,385.09</u></p>
3.294	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CLICK BOND INC -T 2151 LOCKHEED WAY CARSON CITY, NV 89706</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>46,950.00</u></p>
3.295	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CLICK BOND INC.-T 2151 LOCKHEED WAY CARSON CITY, NV 89706-0713</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>101,100.00</u></p>
3.296	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CLIMATEC, LLC PO BOX 842842 DALLAS, TX 75284-2842</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>36,183.00</u></p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.297	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CLIMATEC, LLC PO BOX 51689 LOS ANGELES, CA 90051-5989</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,763.11</u></p>
3.298	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CMWD LLC (CHEMWORLD) 885 WOODSTOCK RD, STE 430-111 ROSWELL, GA 30075</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,995.00</u></p>
3.299	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CNC SPECIALTY STORE LLC PO BOX 1260 WILLIAMS BAY, WI 53119</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,420.71</u></p>
3.300	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COAST LINE INTERNATIONAL P.O. BOX 428 AMITYVILLE, NY 11701</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>68,206.64</u></p>
3.301	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CODESOURCE 4115 MESA DRIVE DENTON, TX 76207</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5,863.72</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.302	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COHERENT NA, INC. PO BOX 74008357 CHICAGO, IL 60674</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 15,500.00</p>
3.303	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COINING CORPORATION OF AMERICA 25959 NETWORK PLACE CHICAGO, IL 60673-1259</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 101,010.32</p>
3.304	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COLE CHEMICAL &amp; DISTRIBUTING INC POST OFFICE BOX 79632 HOUSTON, TX 77279</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 20,060.60</p>
3.305	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COLE PARMER INSTRUMENT CO. 13927 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 24,007.18</p>
3.306	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COLE-PARMER INSTRUMENT CO 13927 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0139</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 478.25</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.307	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COLONIAL PATTERNS INC 340 WEST 5TH STREET KANSAS CITY, MO 64105</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 53.76</p>
3.308	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COLUMBUS CHEMICAL INDUSTRIES INC N4335 TEMKIN ROAD COLUMBUS, WI 53925</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,136.00</p>
3.309	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COMCAST ACCT: 8771103452350491 PO BOX 3001 SOUTHEASTERN, PA 19398-3001</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 243.70</p>
3.310	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COMCAST PO BOX 60533 CITY OF INDUSTRY, CA 91716-0533</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 740.60</p>
3.311	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COMCAST ACCT: 8529 11 356 0077477 PO BOX 7500 SOUTHEASTERN, PA 19398-7500</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 151.85</p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.312	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COMCO INC. 2151 NORTH LINCOLN STREET BURBANK, CA 91504</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 13,812.50</p>
3.313	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COMPLETE SUPPLY 13821 DIPLOMAT DRIVE FARMERS BRANCH, TX 75234</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 96,021.91</p>
3.314	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COMPOSITE AND CASTING SUPPLY, 50 - 37TH STREET NE SUITE C AUBURN, WA 98002</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 1,202.94</p>
3.315	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COMPOSITES ONE LLC 4526 PAYSHERE CIRCLE CHICAGO, IL 60674</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 4,378.00</p>
3.316	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COMPRESSION LEASING SERVICES, INC. PO BOX 1629 CASPER, WY 82602</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 2,630.00</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.317	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COMPRESSOR ENGINEERING CORPORATION 1921 BELLAIRE AVE ROYAL OAK, MI 48067</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,781.85</u></p>
3.318	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CONDAT CORPORATION DEPT #7085 PO BOX33661 DETROIT, MI 48232-5661</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>46,801.20</u></p>
3.319	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CONTINENTAL CARBONIC PRODUCTS DEPT 3833 PO BOX 123833 DALLAS, TX 75312-3833</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>76,275.39</u></p>
3.320	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CONTINENTAL CARBONIC PRODUCTS PO BOX 123833 DEPAT 3833 DALLAS, TX 75312-3833</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>10,416.35</u></p>
3.321	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CONTROL SOLUTIONS, INC P.O. BOX 301136 DALLAS, TX 75303-1136</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>142,332.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.			Amount of claim
3.322	<b>Nonpriority creditor's name and mailing address</b> CONTRONIC DEVICES 15661 PRODUCER LANE, SUITE G HUNTINGTON BEACH, CA 92649  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,912.60</u>
3.323	<b>Nonpriority creditor's name and mailing address</b> CONTRONIC DEVICES ATTN: ACCOUNTS RECEIVABLE PO BOX 4483 HUNTINGTON BEACH, CA 92647  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>106.00</u>
3.324	<b>Nonpriority creditor's name and mailing address</b> COOK'S PEST CONTROL PO BOX 1127 MADISON, AL 35758  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>214.00</u>
3.325	<b>Nonpriority creditor's name and mailing address</b> COOKSON ELECTRONICS-AMG  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>6,381.00</u>
3.326	<b>Nonpriority creditor's name and mailing address</b> COOKSON ELECTRONICS-AMG  <b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>6,381.00</u>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.327	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COOL SOLUTIONS, LLC 4203 BAYOU HILLS RD PARKLER, CO 80134</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>27,535.23</u></p>
3.328	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CORAL CHEMICAL COMPANY 1915 INDUSTRIAL AVE ZION, IL 60099</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,819.80</u></p>
3.329	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CORCO CHEMICAL 299 CEDAR LANE FAIRLESS HILLS, PA 19030</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>475.76</u></p>
3.330	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CORCO CHEMICAL CORP TYBURN RD AND CEDAR LANE FAIRLESS HILLS, PA 19030</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,275.72</u></p>
3.331	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COREY OIL LTD 1212 W SECOND ST OCONOMOWOC, WI 53066</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>37,422.96</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.332 <b>Nonpriority creditor's name and mailing address</b></p> <p>CORROSION TECHNOLOGIES CORP 2850 INDUSTRIAL LANE GARLAND, TX 75041</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,344.28</u></p>
<p>3.333 <b>Nonpriority creditor's name and mailing address</b></p> <p>CORTEC CORPORATION CM 9738, PO BOX 70870 ST PAUL, MN 55170</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>70,920.00</u></p>
<p>3.334 <b>Nonpriority creditor's name and mailing address</b></p> <p>COSMOLINE DIRECT</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>2,085.20</u></p>
<p>3.335 <b>Nonpriority creditor's name and mailing address</b></p> <p>COTRONICS CORP 131 47TH STREET BROOKLYN, NY 11232</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>31,430.88</u></p>
<p>3.336 <b>Nonpriority creditor's name and mailing address</b></p> <p>COUNTY OF SACRAMENTO 10590 ARMSTRONG AVENUE SUITE C MATHER, CA 95655</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>7,287.50</u></p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.337	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COUNTY OF SACRAMENTO 10590 ARMSTRONG AVENUE SUITE C MATHER, CA 95655</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>7,287.50</u></p>
3.338	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>COX BUSINESS PO BOX 248871 OKLAHOMA CITY, OK 73124-8871</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>143.36</u></p>
3.339	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CRAIG TECHNOLOGIES, INC. 103 DAVIS DRIVE SEAFORD, DE 19973</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,153.67</u></p>
3.340	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CRC INDUSTRIES INC LBX 6150 - PO BOX 8500 PHILADELPHIA, PA 19178-6150</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,434.12</u></p>
3.341	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CREATIVE COATING COMPANY, INC 24650 MOUND ROAD WARREN, MI 48091-2036</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,804.50</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.342	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CREATIVE MATERIALS, INC 12 WILLOW ROAD AYER, MA 01432</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>17,098.30</u></p>
3.343	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CREST ULTRASONICS CORP 18 GRAPHICS DRIVE PO BOX 7266 EWING, NJ 08628</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,780.36</u></p>
3.344	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CRESWELL RICHARDSON PO BOX 22485 CHATTANOOGA, TN 37422</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,174.00</u></p>
3.345	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CRITICAL MATERIALS 26272 TWELVE TREES LN, NW POULSBO, WA 98370</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>11,409.26</u></p>
3.346	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CRYSTAL MARK INC 613 JUSTIN AVENUE GLENDALE, CA 91201</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,650.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.347	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CS HYDE CO 1351 NORTH MILWAUKEE AVENUE LAKE VILLA, IL 60046</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>201.20</u></p>
3.348	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CST-SURTEC INC 26733 NETWORK PLACE CHICAGO, IL 60673-1267</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>471.75</u></p>
3.349	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CULLIGAN WATER CONDITIONING 405 PROSPECT AVE NORTH FOND DU LAC, WI 54937</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,620.00</u></p>
3.350	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CULLIGAN WATER CONDITIONING OF CLINTON C 1601 WASHINGTON AVE. FRANKFORT, IN 46041</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>268.25</u></p>
3.351	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CULLIGAN WATER CONDITIONING, INC. 10821 E. 26TH ST NORTH WICHITA, KS 67226</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>223.50</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.352	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CUMMINS, INC. PO 912138 DENVER, CO 80291-2138</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,169.00</p>
3.353	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CYTEC ENGINEERED MATERIALS INC. (SOLVAY) 2085 EAST TECHNOLOGY CIRCLE, TEMPE, AZ 85284</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 7,736.05</p>
3.354	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>CYTEC ENGINEERED MATERIALS LTD 2085 E TECHNOLOGY CIRCLE SUITE 300 TEMPE, AZ 85284</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,579.90</p>
3.355	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>D E SMITH INC 14836 WEST RIDGE LANE DUBUQUE, IA 52003</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 32,102.00</p>
3.356	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DALCO PO BOX 64777 ST PAUL, MN 55164-0777</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 317.51</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.357	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DAMPNEY CO 85 PARIS STREET EVERETT, MA 02149</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>94.22</u></p>
3.358	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DAMPNEY CO 85 PARIS STREET EVERETT, MA 02149</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>94.22</u></p>
3.359	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DATA FOUNDRY PO BOX 730396 DALLAS, TX 75373-0396</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>14,977.24</u></p>
3.360	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DAV-LIN INDUSTRIAL SUPPLIES, INC 40 CEDAR HILL ROAD MARLBOROUGH, MA 01752</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>15,854.72</u></p>
3.361	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DAWN SCIENTIFIC INC 121, LIBERTY ST METUCHEN, NJ 08840</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>385.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.362	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DAWN SCIENTIFIC INC 121, LIBERTY ST METUCHEN, NJ 08840</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>385.00</u></p>
3.363	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DAWSON MACDONALD COMPANY INC 845 WOBURN STREET WILMINGTON, MA 01887</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>71,602.00</u></p>
3.364	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DBF INC. P.O. BOX 2385 RIVERVIEW, MI 48193</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>180.00</u></p>
3.365	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DCM TECH, INC. 4455 THEURER BLVD WINONA, MN 55987</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>145.00</u></p>
3.366	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DE LAGE LANDEN PO BOX 41602 PHILADELPHIA, PA 19101-1602</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,220.72</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.367	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DELAWARE PAINT COMPANY 8455 RAUSCH DRIVE PLAIN CITY, OH 43064</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 69,795.60</p>
3.368	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DELAWARE VALLEY WATER TREATMENT COR P.O. BOX 185 MEDFORD, NJ 08055</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 6,160.10</p>
3.369	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DELTA LIQUID ENERGY PO BOX 2470 LANCASTER, CA 93539</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,600.00</p>
3.370	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DENNISON LUBRICANTS, INC. 111 RHODE ISLAND ROAD LAKEVILLE, MA 02347</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 562.10</p>
3.371	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DENVER HEALTH &amp; HOSPITAL AUTHORITY RMPDC PO BOX 17093 DENVER, CO 80217-0093</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,260.00</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.372 <b>Nonpriority creditor's name and mailing address</b></p> <p>DESCO P.O. BOX 843896 LOS ANGELES, CA 90084-3896</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>359.30</u></p>
<p>3.373 <b>Nonpriority creditor's name and mailing address</b></p> <p>DESICCARE INC. 3930 W. WINDMILL LANE-SUITE 100 LAS VEGAS, NV 89139</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,324.60</u></p>
<p>3.374 <b>Nonpriority creditor's name and mailing address</b></p> <p>DEWAL INDUSTRIES, INC. LOCKBOX ACCOUNT PO BOX 845012 BOSTON, MA 02284-5904</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,377.91</u></p>
<p>3.375 <b>Nonpriority creditor's name and mailing address</b></p> <p>DFG MERCURY CORP 909 PITNER AVE EVANSTON, IL 60202</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>120,270.00</u></p>
<p>3.376 <b>Nonpriority creditor's name and mailing address</b></p> <p>DGI SUPPLY (A DOALL COMPANY) P.O. BOX 200068 DALLAS, TX 75320-0068</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,780.20</u></p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.377	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DGR INDUSTRIAL PRODUCTS, INC. 4435 NORTH FIRST STREET, SUITE #184 LIVERMORE, CA 94551</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>390.00</u></p>
3.378	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DICKSON 930 SOUTH WESTWOOD AVENUE ADDISON, IL 60101-4917</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,062.78</u></p>
3.379	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DIGILUBE SYSTEMS INC. 216 EAST MILL ST SPRINGBORO, OH 45066</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,070.20</u></p>
3.380	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DIRECT COLOR SYSTEMS 99 HAMMER MILL ROAD ROCKY HILL, CT 06067</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>258.63</u></p>
3.381	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DIVERSIFIED CHEMICAL TECHNOLOGIES OPERAT PO BOX 72179 CLEVELAND, OH 44192</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>37,621.10</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.382	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 233.21
	DIVERSIFIED MAINTENANCE (RITE WAY SERVIC P.O. BOX 745691 ATLANTA, AL 30374-5691	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.383	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 2,518.50
	DIVERSIFIED PLASTICS INDUSTRIES, LLC 1606 TIMBER DRIVE SAND SPRINGS, OK 74063	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.384	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 1,723.68
	DIVERSITECH DEPT#3791 PO BOX 123791 DALLAS, TX 75312-3791	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.385	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 177,217.45
	DOE & INGALLS INC LOCKBOX# 742541 6000 FELDWOOD ROAD COLLEGE PARK, GA 30349	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.386	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 21,184.10
	DOE & INGALLS INC BANK OF AMERICA LOCKBOX 742541 COLLEGE PARK, GA 30349	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.387	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DOE &amp; INGALLS INC LOCKBOX# 742541 6000 FELDWOOD ROAD COLLEGE PARK, GA 30349</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 6,314.75</p>
3.388	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DOLEN TOOL SALES, INC.</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,282.56</p>
3.389	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DOLL SERVICES AND ENGINEERING INC. 1860 LARKIN WILLIAMS ROAD FENTON, MO 63026</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 27,260.67</p>
3.390	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DOMINO AMJET INC 3809 COLLECTION CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,341.14</p>
3.391	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DOUGLAS PRODUCTS AND PACKAGING 1550 E OLD 210 HIGHWAY LIBERTY, MO 64068</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 894.00</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.392	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DREYER CHEMICAL SERVICES 1517 SAWYER ROAD STOUGHTON, WI 53589</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>750.00</u></p>
3.393	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DS&amp;M SCIENTIFIC 965 REED RD VERSHIRE, VT 05079</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>85,025.00</u></p>
3.394	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DSV AIR &amp; SEA, INC. PO BOX 200876 PITTSBURGH, PA 15251-0876</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>30,489.65</u></p>
3.395	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DUBOIS CHEMICALS INC. 2659 SOLUTION CENTER CHICAGO, IL 60677-2006</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>65,198.93</u></p>
3.396	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DUNN EDWARDS PO BOX 30389 LOS ANGELES, CA 90030-0389</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,980.40</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.397	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DUNSTONE CO. INC. PO BOX 645250 CINCINNATI, OH 45264</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,061.60</u></p>
3.398	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DURATHERM EXTENDED LIFE FLUIDS PO BOX 563 LEWISTON, NY 14092</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,328.00</u></p>
3.399	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DXP ENTERPRISES INC PO BOX 2892 CLINTON, IA 52733-2892</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,011.69</u></p>
3.400	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DYMAX CORP 318 INDUSTRIAL LANE TORRINGTON, CT 06790</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>53,743.86</u></p>
3.401	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>DYMAX CORP CL 400150 NEW BRITAIN, CT 06050-5046</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>907.68</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.402 <b>Nonpriority creditor's name and mailing address</b></p> <p>DYNAFLUX INC PO BOX 397 CARTERSVILLE, GA 30120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>505.60</u></p>
<p>3.403 <b>Nonpriority creditor's name and mailing address</b></p> <p>DYNALENE 5250 WEST COPLAY ROAD WHITEHALL, PA 18052</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,349.98</u></p>
<p>3.404 <b>Nonpriority creditor's name and mailing address</b></p> <p>E&amp;R INDUSTRIAL 16294 COLLECTION CENTRE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>17,952.10</u></p>
<p>3.405 <b>Nonpriority creditor's name and mailing address</b></p> <p>E&amp;R INDUSTRIAL 40800 ENTERPRISE DRIVE STERLING HEIGHTS, MI 48314</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>981.34</u></p>
<p>3.406 <b>Nonpriority creditor's name and mailing address</b></p> <p>EARTH CARE PRODUCTS 2205 ELEVADO ROAD VISTA, CA 92084</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,032.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.407	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EASTERN OIL 590 S PADDOCK PONTIAC, MI 48341</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>18,570.39</u></p>
3.408	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EBONEX CORPORATION 18400 RIALTO MELVINDALE, MI 48122</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>422.50</u></p>
3.409	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EBS INKJET SYSTEMS USA, INC. 1840 INDUSTRIAL DRIVE SUITE 200 LIBERTYVILLE, IL 60048</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,026.00</u></p>
3.410	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ECI TECHNOLOGY, INC, 60 GORDON DRIVE TOTOWA, NJ 07512</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>199.00</u></p>
3.411	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ECKART AMERICAN CORPORATION JP MORGAN CHASE BANK 25128 NETWORK PLACE CHICAGO, IL 60673-1128</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>13,180.16</u></p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.412	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ECOLINK INC 2177 FLINTSTONE DR., UNIT A-B TUCKER, GA 30084</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 6,259.50</p>
3.413	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ECOLINK INC PO BOX 9 TUCKER, GA 30085</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 694.36</p>
3.414	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ECOLINK INC PO BOX 9 TUCKER, GA 30085</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 4,677.00</p>
3.415	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EDRICH PRODUCTS, INC 33672 DOREKA FRASER, MI 48026</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 86,194.20</p>
3.416	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EDWARDS VACUUM DEPT CH 19935 PALATINE, IL 60055-9935</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 702.80</p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.417	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EFFECTIVE SHIELDING COMPANY, 817 LINCOLN AVENUE WEST CHESTER, PA 19380</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,550.00</u></p>
3.418	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EIS, INC. PO BOX 734768 CHICAGO, IL 60673-4768</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>36,064.23</u></p>
3.419	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EIS-AZ PO BOX 734768 CHICAGO, IL 60673-4768</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>86,925.50</u></p>
3.420	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELECTRICAL HUB COMPANY 19565 144TH AVE NE. WOODINVILLE, WA 98072</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,685.71</u></p>
3.421	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELECTRICAL WHOLESALERS, INC PO BOX 412485 BOSTON, MA 02241-2485</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>160.20</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.422	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELECTRO ABRASIVES, LLC PO BOX 644513 PITTSBURGH, PA 15264</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,048.00</u></p>
3.423	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELECTRO ABRASIVES, LLC PO BOX 644513 PITTSBURGH, PA 15264</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,471.00</u></p>
3.424	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELECTRO-GLO DISTRIBUTION P.O. BOX 1411 LASALLE, IL 61301</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>636.00</u></p>
3.425	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELECTRO-GLO DISTRIBUTION P.O. BOX 1411 LASALLE, IL 61301</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>636.00</u></p>
3.426	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELECTRON MICROSCOPY SCIENCES 1560 INDUSTRY RD HATFIELD, PA 19440</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>231.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.427	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELECTRONIC MATERIALS INC P.O. BOX 841469 DALLAS, TX 75284-1469</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>277.20</u></p>
3.428	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELECTRONIC SPACE PRODUCTS INTE 1050 BENSON WAY ASHLAND, OR 97520</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>12,218.00</u></p>
3.429	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELECTROPLATING CONSULTANTS INTERNAT 12940 S. 198TH E. AVE BROKEN ARROW, OK 74014</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>32,496.20</u></p>
3.430	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELIJAH MAGEE C/O WILSHIRE LAW FIRM ATTN: ARAM BOYADJIAN, JOHN YSLAS, &amp; ANDREW SANDOVAL 3055 WILSHIRE BLVD., 12TH FLOOR LOS ANGELES, CA 90010</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation, Case # 2023-00335381, CA Sup Ct Sacramento Cty</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>Undetermined</u></p>
3.431	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELLSWORTH (FORMERLY WOLCOTT PARK IN LOCK BOX 88207 MILWAUKEE, WI 53288-0207</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>82.50</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.432	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELLSWORTH (FORMERLY WOLCOTT PARK INC) 560 ARVIN AVENUE, SUITE 5 STONEY CREEK, ON L8E 5P1 CANADA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,911.18</u></p>
3.433	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ELLSWORTH ADHESIVES SYSTEMS W129 N10825 WASHINGTON DR.. GERMANTOWN, WI 53022</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>34,554.21</u></p>
3.434	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EMCO CHEMICAL INC. 97743 EAGLE WAY CHICAGO, IL 60678-1977</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>440.64</u></p>
3.435	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EMD CHEMICALS 25802 NETWORK PLACE CHICAGO, IL 60673-1258</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>102.00</u></p>
3.436	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EMD CHEMICALS, INC 25802 NETWORK PLACE CHICAGO, IL 60673-1258</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,460.20</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.437	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EMPIRE PAPER PO BOX 206201 DALLAS, TX 75320-6201</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>10,165.91</u></p>
3.438	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EMPIRE PAPER PO BOX 733466 DALLAS, TX 75373-3466</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,628.37</u></p>
3.439	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EMR SAFETY AND HEALTH 9221 LBJ FREEWAY SUITE 109 DALLAS, TX 75243</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,237.92</u></p>
3.440	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EMR SAFETY AND HEALTH 9221 LBJ FREEWAY SUITE 109 DALLAS, TX 75243</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,237.92</u></p>
3.441	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EMULTEC INC 1050 VENTURE COURT CARROLLTON, TX 75006</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>15,619.16</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.442	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EMULTEC INC 1050 VENTURE COURT, #115 CARROLLTON, TX 75006</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>23,782.14</u></p>
3.443	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENCORE CONSTRUCTION 193 BLUE RAVINE RD. STE. 155 FOLSOM, CA 95630</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>10,179.25</u></p>
3.444	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENDURANCE TECHNOLOGIES PO BOX 775287 CHICAGO, IL 60677-5287</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>724.30</u></p>
3.445	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENERGIZER HOLDINGS PO BOX 74007451 CHICAGO, IL 60674-7451</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>673.92</u></p>
3.446	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENERSYS ENERGY PRODUCTS INC. PO BOX 96831 CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>112,064.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.447	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENGINEERED CUSTOM LUBRICANTS 3851 EXCHANGE AVENUE AURORA, IL 60504</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 150,493.98</p>
3.448	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENGINEERED LUBRICANTS CO. 11525 ROCK ISLAND COURT MARYLAND HEIGHTS, MO 63043-3522</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 26,098.53</p>
3.449	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENTEGRIS, INC. N.W. - 9863 P.O. BOX 1450 MINNEAPOLIS, MN 55485</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 168,950.42</p>
3.450	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENTEGRIS, INC. 117 JONATHAN BLVD. N CHASKA, MN 55318</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 68,248.44</p>
3.451	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENTERPRISE PAINT AND INDUSTRIAL, IN 210 W COLLEGE STREET ENTERPRISE, AL 36331-1566</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 3,814.95</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.452	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENVIRO PROTECTION INDUSTRIES CO., INC. PO BOX 200289 PITTSBURGH, PA 15251-0289</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 63,514.56</p>
3.453	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENVIRO TECH INTERNATIONAL, INC. 1800 N25TH AVENUE MELROSE PARK, IL 60160</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 10,761.24</p>
3.454	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENVIRONMENTAL OPERATING SOLUTIONS, 160 MACARTHUR BLVD, SUITE 6 BOURNE, MA 02532</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 22,629.75</p>
3.455	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENVIRONMENTAL RESOURCE ASSOCIATES DEPT CH 19753 PALATINE, IL 60055-9753</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 5,165.00</p>
3.456	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENVIROTECH WATER TREATMENT LLC 7600 JEFFERSON CIR COLLEYVILLE, TX 76034</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 3,000.00</p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.457	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENVIROTECH WATER TREATMENT LLC 2408 MINNIS DR HALTOM CITY, TX 76117</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 6,750.00</p>
3.458	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ENVIROTECH WATER TREATMENT LLC 2408 MINNIS DR HALTOM CITY, TX 76117</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,750.00</p>
3.459	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EOS OF NORTH AMERICA 28970 CABOT DR NOVI, MI 48377-0143</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 49,420.00</p>
3.460	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EPOXY PAX 711 WEST 17TH ST., B-5 COSTA MESA, CA 92627</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,500.00</p>
3.461	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EPOXY TECHNOLOGY INC DEPT 203 PO #4346 HOUSTON, TX 77210</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 65,104.71</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.462	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EPOXY TECHNOLOGY INC. 14-T FORTUNE DRIVE BILLERICA, MA 01821</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 22,242.58</p>
3.463	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EPOXYSET INC. 718 PARK EAST DRIVE WOONSOCKET, RI 02895</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 20,293.00</p>
3.464	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ERGON ARMOR DEPT# 2135 BIRMINGHAM, AL 35246</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 11,370.00</p>
3.465	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ERVIN INDUSTRIES INC DEPARTMENT 77997 P.O. BOX 77000 DETROIT, MI 48277-0997</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 11,350.00</p>
3.466	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ES LABORATORY, LLC 2041 E. GLADSTONE ST. SUITE N, GLENORA, CA 91740</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 721.86</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.467	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ES OPCO USA LLC PO BOX 7410137 CHICAGO, IL 60674</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>109,601.46</u></p>
3.468	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EUREKA CHEMICAL COMPANY 234 LAWRENCE AVENUE SO SAN FRANCISCO, CA 94080</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,252.16</u></p>
3.469	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EUREKA CHEMICAL COMPANY 234 LAWRENCE AVENUE SO SAN FRANCISCO, CA 94080</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,354.08</u></p>
3.470	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EUROLINE INC 5 OLD TOWN PARK ROAD NEW MILFORD, CT 06776</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,081.00</u></p>
3.471	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EVOQUA WATER TECHNOLOGIES LLC 28563 NETWORK PLACE CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>22,009.10</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.472	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXCALIBUR PAINT AND COATINGS, LTD. 1116 E SCOTT AVE WICHITA FALLS, TX 76301</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,679.56</u></p>
3.473	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXCELSIOR BLOWER SYSTEMS INC 331 JUNE AVE BLANDON, PA 19510</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>84.56</u></p>
3.474	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXPANDED RUBBER AND PLASTICS 19200, LAUREL PARK ROAD RANCHO DOMINGUE, CA 90220</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,923.00</u></p>
3.475	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXPANDED RUBBER AND PLASTICS 19200, LAUREL PARK ROAD RANCHO DOMINGUEZ,, CA 90220</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>9,964.00</u></p>
3.476	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXPEDITORS INTERNATIONAL 519 KAISER DRIVE, SUITE A FOLCROFT, PA 19032</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,651.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.477	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXPLEO USA INC. 220 W. DOUGLAS SUITE 250 WICHITA, KS 67202</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 4,742.26</p>
3.478	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXPLEO USA INC. 220 W. DOUGLAS SUITE 250 WICHITA, KS 67202</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 4,742.26</p>
3.479	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXTEC TECHNOLOGIES 99 PHOENIX AVENUE ENFIELD, CT 06082-1258</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 4,749.37</p>
3.480	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXTERMITAL TERMITE SERVICE OF DAYTON, IN P O BOX 1533 DAYTON, OH 45401</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 1,164.00</p>
3.481	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXTRUDE HONE PO BOX 741007 PITTSBURGH, PA 15274-1007</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 2,386.00</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.482 <b>Nonpriority creditor's name and mailing address</b></p> <p>EXXON MOBIL PO BOX 8500 K-120 PHILADELPHIA, PA 19178-0120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,565.58</u></p>
<p>3.483 <b>Nonpriority creditor's name and mailing address</b></p> <p>EXXON MOBIL PO BOX 8500 K-120 PHILADELPHIA, PA 19178-0120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>123.12</u></p>
<p>3.484 <b>Nonpriority creditor's name and mailing address</b></p> <p>EXXON MOBIL PO BOX 8500 K-120 PHILADELPHIA, PA 19178-0120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>21.78</u></p>
<p>3.485 <b>Nonpriority creditor's name and mailing address</b></p> <p>EXXON MOBIL PO BOX 8500 K-120 PHILADELPHIA, PA 19178-0120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>228.20</u></p>
<p>3.486 <b>Nonpriority creditor's name and mailing address</b></p> <p>EXXON MOBIL PO BOX 8500 K-120 PHILADELPHIA, PA 19178-0120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>894.30</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.487	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXXON MOBIL PO BOX 8500 K-120 PHILADELPHIA, PA 19178-0120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,539.80</u></p>
3.488	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXXON MOBIL PO BOX 8500 K-120 PHILADELPHIA, PA 19178-0120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>166.00</u></p>
3.489	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXXON MOBIL PO BOX 8500 K-120 PHILADELPHIA, PA 19178-0120</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>895.70</u></p>
3.490	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXXON MOBIL OIL CORP P O BOX 75024 CHICAGO, IL 60675-5024</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>218.76</u></p>
3.491	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXXON MOBIL WALLIS OIL P.O. BOX 75024 CHICAGO, IL 60675-5024</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,451.64</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.492 <b>Nonpriority creditor's name and mailing address</b></p> <p>EXXONMOBIL OIL CORP. (PETROLIANCE) PO BOX 8500 K-120 PHILADELPHIA, PA 19178-0120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 176.48</p>
<p>3.493 <b>Nonpriority creditor's name and mailing address</b></p> <p>EXXONMOBIL OIL CORP.-C/O-FLYERS ENERGY L PO BOX 841067 DALLAS, TX 75284-1067</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 30,482.38</p>
<p>3.494 <b>Nonpriority creditor's name and mailing address</b></p> <p>EXXONMOBIL OIL CORP.-C/O-GH BERLIN WINDW P.O. BOX 74007276 CHICAGO, IL 60674-7276</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 7,058.08</p>
<p>3.495 <b>Nonpriority creditor's name and mailing address</b></p> <p>EXXONMOBIL OIL CORP.-C/O-HAMPEL OIL CO. P.O. BOX 841067 DALLAS, TX 75284-1067</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 22,120.93</p>
<p>3.496 <b>Nonpriority creditor's name and mailing address</b></p> <p>EXXONMOBIL OIL CORP.-C/O-MCPHERSON OIL C PO BOX 841067 DALLAS, TX 75284-1067</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 40,995.98</p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.497	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXXONMOBIL OIL CORP.-C/O-NOCO ENERGY COR P.O. BOX 841067 DALLAS, TX 75284-1067</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,614.20</u></p>
3.498	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXXONMOBIL OIL CORP.-C/O-PETROLIANCE LLC P.O. BOX 841067 DALLAS, TX 75284-1067</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>34,864.36</u></p>
3.499	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXXONMOBIL OIL CORP.-C/O-VALLEY DISTRIBU P.O. BOX 841067 DALLAS, TX 75284-1067</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,880.87</u></p>
3.500	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXXONMOBIL OIL CORP.-C/O-VESCO OIL CORP. P.O. BOX 841067 DALLAS, TX 75284-1067</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>117,345.81</u></p>
3.501	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>EXXONMOBIL OIL CORPORATION PO BOX 8500 K-120 PHILADELPHIA, PA 19178-0120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,543.87</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.502	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FACTORY OUTLET TOOLING 1220 EXECUTIVE DR. WEST RICHARDSON, TX 75081</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 6,166.52</p>
3.503	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FEDCO BATTERIES 1363 CAPITAL DRIVE FOND DU LAC, WI 54937</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,125.00</p>
3.504	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FERGUSON ENTERPRISES PO BOX 802817 CHICAGO, IL 60680-2817</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 536.63</p>
3.505	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FERGUSON ENTERPRISES INC PO BOX 417592 BOSTON, MA 02241-7592</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 366.14</p>
3.506	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FERRELLGAS - TX PO BOX 173940 DENVER, CO 80217</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,748.07</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.507	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FIBER OPTIC CENTER INC. 23 CENTRE STREET NEW BEDFORD, MA 02740</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>19,076.61</u></p>
3.508	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FIBERLINE LLC 3050 CAMPUS DRIVE HATFIELD, PA 19440</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,795.63</u></p>
3.509	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FIBERTEC INC. 35 SCOTLAND BOULEVARD BRIDGEWATER, MA 02324</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>101.50</u></p>
3.510	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FILAMENTS.CA (3D PRINTING NETWORK) 1881 STEELES AVE. W. #351 TORONTO, ON M3H 0A1 CANADA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>179.78</u></p>
3.511	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FILTRATION SYSTEMS PRODUCTS, INC. 8506 HERRINGTON COURT PEVELY, MO 63070</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>7,590.53</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.512	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 422.47
	FIRST CHOICE COFFEE SERVICES 2640 S. INDUSTRIAL PARK TEMPE, AZ 85282	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.513	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 1,446.40
	FISHER AUTO PARTS INC PO BOX 2246 STAUNTON, VA 24401	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.514	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 116.26
	FISHER SCIENTIFIC ACCT# 034549-020 P.O. BOX 3648 BOSTON, MA 02241-3648	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.515	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 326.18
	FISHER SCIENTIFIC ACCT# 806025-020 PO BOX 3648 BOSTON, MA 02241-3648	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.516	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 974.92
	FISHER SCIENTIFIC ACCT# 806025-020 PO BOX 3648 BOSTON, MA 02241-3648	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.517	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FISHER SCIENTIFIC ACCT# 034549-020 P.O. BOX 3648 BOSTON, MA 02241-3648</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 441.34</p>
3.518	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FITCHBURG HARDWARE 692 NORTH MAIN STREET LEOMINSTER, MA 01453</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 22.10</p>
3.519	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FIVE STAR FOOD SERVICE, INC 4919 NORTH ROYAL ATLANTA DR TUCKER, GA 30084</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,711.77</p>
3.520	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FLAME CONTROL COATINGS, INC. 4120 HYDE PARK BLVD. NIAGRA FALLS, NY 14305</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 16,569.03</p>
3.521	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FLAMEMASTER CORP PO BOX 4510 PACOIMA, CA 91333-4500</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,071.84</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.522	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FLEET FUELS LLC P.O. BOX 1084 INDEPENDENCE, KS 67301</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>12,868.91</u></p>
3.523	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FLEET FUELS LLC 1405 WOODSWETHER RD KANSAS CITY, MO 64105</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,856.35</u></p>
3.524	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FLEET MAINTENANCE OF TEXAS PO BOX 82045 AUSTIN, TX 78708</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>234.00</u></p>
3.525	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FLEXBAR MACHINE CORPORATION 250 GIBBS ROAD ISLANDIA, NY 11749</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>18,459.25</u></p>
3.526	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FLORIDA CHEMICAL COMPANY, INC. 351 WINTER HAVEN BLVD. NE WINTER HAVEN, FL 33881</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,364.30</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.			Amount of claim
3.527	<b>Nonpriority creditor's name and mailing address</b> FLORIDA CHEMICAL COMPANY, INC. PO BOX 677496 DALLAS, TX 75267-7496  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>990.50</u>
3.528	<b>Nonpriority creditor's name and mailing address</b> FLORIDA CHEMICAL COMPANY, INC. 351 WINTER HAVEN BLVD. NE WINTER HAVEN, FL 33881  <b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>990.50</u>
3.529	<b>Nonpriority creditor's name and mailing address</b> FLORIDA CIRTECH PO BOX 912536 DENVER,, CO 80291  <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>7,601.00</u>
3.530	<b>Nonpriority creditor's name and mailing address</b> FLORIDA CIRTECH 343 W DRAKE ROAD SUITE 270 FORT COLLINS, CO 80526  <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,785.13</u>
3.531	<b>Nonpriority creditor's name and mailing address</b> FLORIDA CIRTECH PO BOX 912536 DENVER,, CO 80291  <b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,567.66</u>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.532	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FLUKE ELECTRONICS CORPORATION 7272 COLLECTION CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>25,687.87</u></p>
3.533	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FLYERS ENERGY, LLC PO BOX 884517 LOS ANGELES, CA 90088-4517</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>43,485.10</u></p>
3.534	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FLYERS ENERGY, LLC DEPT. #34516 P.O. BOX 39000 SAN FRANCISCO, CA 94139</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>10,577.36</u></p>
3.535	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FMC CORPORATION 2929 WALNUT STREET PHILADELPHIA, PA 19104</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>478,035.24</u></p>
3.536	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FMI CHEMICAL PO BOX 8667 CAROL STREAM, IL 60197-8667</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>73,815.00</u></p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.537	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FORMLABS INC 35 MEDFORD ST SOMERVILLE, MA 02143</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 9,117.60</p>
3.538	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FORMLABS INC DEPARTMENT 6730 P.O. BOX 4110 WOBURN, MA 01888-4110</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 18,993.98</p>
3.539	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FORTUNE METAL FINISHING 116 GOULD STREET NEEDHAM HEIGHTS, MA 02494</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 1,531.00</p>
3.539	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FOSTER BLUE WATER OIL LLC 69120 FOSTER ROAD P.O. BOX 550 RICHMOND, MI 48062-0550</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 111,486.10</p>
3.541	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FRANK TIANO ENTERPRISES INC.(FTE IN 3607 VENTURA DRIVE E LAKELAND, FL 33811</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 48.93</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.542	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FRECOM INC. PO BOX 2119 BIG SPRING, TX 79721</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 300.00</p>
3.543	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FREEMAN MANUFACTURING &amp; SUPPLY P O BOX 72523 CLEVELAND, OH 44192-6500</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 9,162.63</p>
3.544	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FREEMAN MFG &amp; SUPPLY CO - OH P.O. BOX 72523 CLEVELAND, OH 44192-6500</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 18,059.53</p>
3.545	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FREIBORNE INDUSTRIES INC. 15 W SILVERDOME INDUSTRIAL PARK PONTIAC, MI 48342</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 79.43</p>
3.546	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FREY ENGINEERING CO. 2310 EAST CENTRAL AVENUE #10 DUARTE, CA 91010</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 1,360.00</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.547	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FREY ENGINEERING CO. 2310 EAST CENTRAL AVENUE #10 DUARTE, CA 91010</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,360.00</u></p>
3.548	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FRONTIER COMMUNICATIONS PO BOX 740407 CINCINNATI, OH 45274-0407</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>423.09</u></p>
3.549	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FUJIFILM ELECTRONIC MATERIALS DEPT. LA 22788 PASADENA, CA 91185-2788</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>55,092.26</u></p>
3.550	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FUJIFILM NORTH AMERICA CORPORATION, GRAPHIC SYSTEMS DIVISION PALATINE, IL 60055-0764</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>215.54</u></p>
3.551	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FUJIFILM NORTH AMERICA CORPORATION, GRAP GRAPHIC SYSTEMS DIVISION BOX 200308 PITTSBURGH, PA 15251-0308</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,408.64</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.552	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FUJIFILM ULTRA PURE SOLUTIONS, INC. 11225 COMMERCIAL PARKWAY CASTROVILLE, CA 95012</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>54,387.77</u></p>
3.553	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FUJIPOLY AMERICA CORP 900 MILIK STREET CARTERET, NJ 07008</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5,927.68</u></p>
3.554	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FUJIPOLY AMERICA CORP 900 MILIK STREET CARTERET, NJ 07008</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,791.67</u></p>
3.555	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FUSION CHEMICAL 99 E. JOE STREET HUNTINGTON, IN 46750</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>253,773.30</u></p>
3.556	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FUSION INCORPORATED PO BOX 200915 PITTSBURGH, PA 15251</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>837.38</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.557	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FUTURREX INC. PO BOX 823 DENVER, NJ 07834</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,777.00</u></p>
3.558	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FUTURREX INC. PO BOX 823 DENVER, NJ 07834</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,777.00</u></p>
3.559	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FW WEBB - METHUEN, MA 160 MIDDLESEX TURNPIKE BEDFORD, MA 01730</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>497.49</u></p>
3.560	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GAGE PRODUCTS COMPANY 821 WANDA AVENUE FERNDALE, MI 48220</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,000.97</u></p>
3.561	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GALLADE CHEMICAL INC. 1230 EAST SAINT GERTRUDE PLACE SANTA ANA, CA 92707</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>291,570.27</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.562	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GARDNER MANUFACTURING INC. PO BOX 147 HORICON, WI 53032</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>51,078.06</u></p>
3.563	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GARVIN CONSTRUCTION PRODUCTS 300 MYSTIC AVENUE MEDFORD, MA 02155</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>186.40</u></p>
3.564	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GELEST INC PO BOX 789586 PHILADELPHIA, PA 19178-9586</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,680.00</u></p>
3.565	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GENERAL CONTAINER CORP PO BOX 6140 SOMERSET, NJ 08875-6140</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,712.80</u></p>
3.566	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GENERAL PETROLEUM PO BOX 31001-1235 PASADENA, CA 91110-1235</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>21,678.30</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.567	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GEORGIA GAS DISTRIBUTORS, INC. PO BOX 250149 ATLANTA, GA 30325</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,321.49</u></p>
3.568	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GFS CHEMICALS, INC. DEPT L 1694 COLUMBUS, OH 43260-1694</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,994.84</u></p>
3.569	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GFS CHEMICALS, INC. PO BOX 245 POWELL, OH 43065</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,853.79</u></p>
3.570	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GFS CHEMICALS, INC. PO BOX 245 POWELL, OH 43065</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>695.15</u></p>
3.571	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GILBERT AND JONES COMPANY INC P O BOX 1934 BRATTLEBORO, VT 05302-1934</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,755.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.572	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GILBERT INDUSTRIES INC. 5611 KRUEGER DRIVE JONESBORO, AR 72401</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>64,249.56</u></p>
3.573	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GLOBAL EQUIPMENT COMPANY 29833 NETWORK PLACE CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>180.00</u></p>
3.574	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GLOBAL INDUSTRIAL EQUIPMENT 29833 NETWORK PLACE CHICAGO, IL 60673-1298</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,505.50</u></p>
3.575	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GLOBAL WATER TECHNOLOGY, INC. 354 W. ARMORY DRIVE SOUTH HOLLAND, IL 60473</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>85,584.99</u></p>
3.576	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GMA GARNET USA CORP PO BOX 123601 DALLAS, TX 75312</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,960.00</u></p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.577	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GNC INDUSTRIES INC 1401 PACE ROAD POCAHONTAS, AR 72455</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>9,912.37</u></p>
3.578	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GODFREY &amp; WING INC. PO BOX 72183 CLEVELAND, OH 44192</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>24,506.88</u></p>
3.579	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GOTHAM TECHNOLOGIES INC 21 SOUTH STREET NORWALK, CT 06854</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,337.20</u></p>
3.580	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GOTHAM TECHNOLOGIES INC 21 SOUTH STREET NORWALK, CT 06854</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,230.20</u></p>
3.581	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GRACOROBERTS 3200 AVENUE E EAST ARLINGTON, TX 76011</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>171,214.85</u></p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.582	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GRAINGER DEPT. 867026817 PO BOX 419267 KANSAS CITY, MO 64141-6267</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 2,851.00</p>
3.583	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GRAINGER DEPT 867026817 P.O. BOX 419267 KANSAS CITY, MO 64141-6267</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 6,213.70</p>
3.584	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GRAINGER DEPT 867026817 KANSAS CITY, MO 64141-6267</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 2,897.44</p>
3.585	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GRAINGER DEPT. 867026817 PO BOX 419267 KANSAS CITY, MO 64141-6267</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 86,434.31</p>
3.586	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GRAINGER CARIBE DEPT 860543487 PALATINE, IL 60038-0001</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 270.34</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.587	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GRAINGER CARIBE DEPT. 859918237 PALATINE, IL 60038-0001</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>130.24</u></p>
3.588	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GREAT LAKES FILTERS 33 BLOOMFIELD HILLS PARKWAY BLOOMFIELD HILLS, MI 48304</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>650.00</u></p>
3.589	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GREAT LAKES FILTERS 33 BLOOMFIELD HILLS PARKWAY BLOOMFIELD HILLS, MI 48304</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>650.00</u></p>
3.590	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GREAT LAKES LUBRICANTS P O BOX 8185 GRAND RAPIDS, MI 49518</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>66,730.28</u></p>
3.591	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GREENE RUBBER COMPANY PO BOX 414425 BOSTON, MA 02241-4425</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>45,704.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.592	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GREENFIELD GLOBAL USA INC PO BOX 67000 DEPARTMENT # 267501 DETROIT, MI 48267-2675</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 16,018.37</p>
3.593	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GT MIDWEST 2202 S WEST ST WICHITA, KS 67213</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 23,999.56</p>
3.594	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>GT PRODUCTS INC 501 INDUSTRIAL BLVD GRAPEVINE, TX 76051</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 1,070.20</p>
3.595	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>H K WENTWORTH 350 FRONTAGE ROAD WEST HAVEN, CT 06516</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 12,041.40</p>
3.596	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>H. B. FULLER P.O. BOX 842401 BOSTON, MA 02284-2401</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 270.72</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.			Amount of claim
3.597	<b>Nonpriority creditor's name and mailing address</b> HAAS CORPORATION OF CANADA 1475 PHOENIXVILLE PIKE STE. 201 WEST CHESTER, PA 19380	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Trade Payable	\$ 754,891.49
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.598	<b>Nonpriority creditor's name and mailing address</b> HAAS CORPORATION OF CHINA 1475 PHOENIXVILLE PIKE STE. 201 WEST CHESTER, PA 19380	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Trade Payable	\$ 2,345,990.59
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.599	<b>Nonpriority creditor's name and mailing address</b> HAAS GROUP AUSTRALIA PTY. LTD. MELBOURNE AVIATION PRECINCT GATE 24 OPERATIONS ROAD MELBOURNE AIRPORT VICTORIA, 3045 AUSTRALIA	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Trade Payable	\$ 1,504.50
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.600	<b>Nonpriority creditor's name and mailing address</b> HAAS GROUP CANADA INC. 2000 32ND AVENUE UNIT 2701 LACHINE, QC H8T 3H7 CANADA	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Trade Payable	\$ 182.57
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.601	<b>Nonpriority creditor's name and mailing address</b> HAAS GROUP INTERNATIONAL SCM IRELAND LIMITED UNIT 4A WESTERN BUSINESS PARK SHANNON, CO CLARE, IRELAND (EIRE)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Trade Payable	\$ 43,692.96
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.602	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HAAS GROUP INTERNATIONAL SCM IRELAND LIMITED UNIT 4A WESTERN BUSINESS PARK SHANNON, CO CLARE, IRELAND (EIRE)</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>895,052.40</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Notes Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.603	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HAAS GROUP, LLC 1475 PHOENIXVILLE PIKE STE. 201 WEST CHESTER, PA 19380</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>17,947,868.24</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.604	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HAAS SCM S.R.L. VIA PORTA EST 17 MARCON, 30020 ITALY</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>16,539.01</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.605	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HAAS TCM DE MEXICO, S. DE R.L. DE C.V. AV. DEMING 1400 PARQUE INDUSTRIAL SUPRA KM. 14.5 CARRETERA CHIHUAHUA-JUAREZ S/N CHIHUAHUA CHIHUAHUA C.P., 31183 MEXICO</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>370,732.03</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.606	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HAAS TCM OF ISRAEL INC. 20 MOSHE BORESHTEIN STR. SOUTH INDUSTRIAL ZONE AKKO, 24107 ISRAEL</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>360,937.81</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.607	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HACH COMPANY 2207 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>19,363.01</u></p>
3.608	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HAMMOND ROTO-FINISH 1600 DOUGLAS AVE. KALAMAZOO, MI 49007</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,012.10</u></p>
3.609	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HANDLING SYSTEMS, INC. 2659 E. MAGNOLIA ST PHOENIX, AZ 85034-6909</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>430.06</u></p>
3.610	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HANGSTERFER'S LABORATORIES, INC. 175 OGDEN ROAD MANTUA, NJ 08051</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>29,478.50</u></p>
3.611	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HARCROS CHEMICALS INC PO BOX 74583 CHICAGO, IL 60696</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>18,335.45</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.612	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HARCROS CHEMICALS INC. PO BOX 74583 CHICAGO, IL 60696</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>13,074.36</u></p>
3.613	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HARCROS CORPORATION P.O. BOX 74583 CHICAGO, IL 60696</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5,847.00</u></p>
3.614	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HARDING PLBG. &amp; SUPP., INC. 63 KEYS FERRY ST MCDONOUGH, GA 30253</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>454.00</u></p>
3.615	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HARTEL ENTERPRISES INC PO BOX 330100 PACOIMA, CA 91333-0100</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>360.00</u></p>
3.616	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HASCO OIL COMPANY P.O. BOX 92559 LONG BEACH, CA 90809</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>16,228.94</u></p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.617	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HAUN WELDING SUPPLY 448 COMMERCE ROAD VESTAL, NY 13850</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>212.87</u></p>
3.618	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HAUN WELDING SUPPLY 5921 COURT STREET ROAD SYRACUSE, NY 13206</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>26,032.17</u></p>
3.619	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HAUN WELDING SUPPLY, INC 5921 COURT STREET RD SYRACUSE, NY 13206</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>47.04</u></p>
3.620	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HAVILAND 421 ANN ST.,N.W. GRAND RAPIDS, MI 49504-2075</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>50,332.26</u></p>
3.621	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HAWKINS INC PO BOX 860263 MINNEAPOLIS, MN 55486</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>12,722.18</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.622	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HD MICROSYSTEMS 22826 NETWORK PLACE CHICAGO, IL 60673-1228</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>21,872.00</u></p>
3.623	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HEATBATH CORPORATION 2659 SOLUTION CENTER CHICAGO, IL 60677-2006</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,763.07</u></p>
3.624	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HEATBATH CORPORATION 2659 SOLUTION CENTER CHICAGO, IL 60677</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>63,068.16</u></p>
3.625	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HELLER'S GAS, INC. JONESTOWN PO BOX 444 BERWICK, PA 18603</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>471.78</u></p>
3.626	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HENTZEN AEROSPACE HENTZEN COATINGS, INC PO BOX 88037 MILWAUKEE, WI 53288</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>7,144.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.627	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HENTZEN COATINGS INC. PO BOX 88037 MILWAUKEE, WI 53288-0037</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>8,760.00</u></p>
3.628	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HERAEUS PRECIOUS METALS NORTH AMERICA CO 24 UNION HILL ROAD WEST CONSHOCKEN, PA 19428</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>7,461.65</u></p>
3.629	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HERESITE PROTECTIVE COATINGS, INC. 822 S 14TH STREET MANITOWOC, WI 54220</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>684.00</u></p>
3.630	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HERESITE PROTECTIVE COATINGS, INC. 822 S 14TH STREET MANITOWOC, WI 54220</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>450.00</u></p>
3.631	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HERNON MANUFACTURING, INC. 121 TECH DRIVE SANFORD, FL 32771</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,457.02</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.632	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HF WILSON ENGINEERING CO 1401 NAGEL BOULEVARD BATAVIA, IL 60510</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>208.88</u></p>
3.633	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HIGH PURITY PRODUCTS PO BOX 35143 #41031 SEATTLE, WA 98124-5143</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,888.00</u></p>
3.634	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HILLAS PACKAGING, INC. 3301 WEST BOLT STREET FORT WORTH, TX 76110</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>143.90</u></p>
3.635	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HILLYARD INC P.O BOX 801157 KANSAS CITY, MO 64180-1157</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,630.50</u></p>
3.636	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HISCO/DALLAS PO BOX 679472 DALLAS, TX 75267-9472</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>417,599.46</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.637	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HI-VALLEY CHEMICAL INC P.O. BOX 69 CENTERVILLE, UT 84014</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>41,109.50</u></p>
3.638	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HOBBYLINC.COM 10101 DAVIS ST BRASELTON, GA 30517</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>239.85</u></p>
3.639	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HOC INDUSTRIES, INC 3511 N. OHIO WICHITA, KS 67219</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>28,897.60</u></p>
3.640	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HOC INDUSTRIES, INC 3511 N. OHIO WICHITA, KS 67219</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,300.00</u></p>
3.641	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>H-O-H CHEMICALS INC PO BOX 487 PALATINE, IL 60078</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>965.56</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.642	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HOLLAND COMPANY, INC. 153 HOWLAND AVENUE ADAMS, MA 01220</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,545.55</u></p>
3.643	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HOLT INTERNATIONAL INC. -T 42211 GARFIELD DR. CLINTON TOWNSHIP, MI 48038</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,784.04</u></p>
3.644	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HOLT INTERNATIONAL INC. -T 42211 GARFIELD DR. CLINTON TOWNSHIP, MI 48038</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,067.54</u></p>
3.645	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HOYT LLC 571 HIGHWAY 81 E MCDONOUGH, GA 30252</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>9,000.00</u></p>
3.646	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HUBBARD HALL - OWEGO P. O. BOX1379 BRIDGEPORT, CT 06601-1379</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>74,500.75</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.647	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HUBBARD SUPPLY COMPANY 901 WEST SECOND STREET FLINT, MI 48503</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>523.37</u></p>
3.648	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HUBBARD-HALL INC. PO BOX 1379 BRIDGEPORT, CT 06601-1379</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,753.50</u></p>
3.649	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HUBBARD-HALL INCORPORATED PO BOX 1379 BRIDGEPORT, CT 06601-1379</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>405,034.58</u></p>
3.650	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HUDSON TECHNOLOGIES COMPANY PO BOX 1541 ONE BLUE HILL PLAZA, 14TH FLOOR PEARL RIVER, NY 10965</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>240.97</u></p>
3.651	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HUDSON TECHNOLOGIES COMPANY P.O. BOX 208527 DALLAS, TX 75320-8527</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>14,350.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.652	<p><b>Nonpriority creditor's name and mailing address</b> HURON INDUSTRIES, INC.</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>782.79</u></p>
3.653	<p><b>Nonpriority creditor's name and mailing address</b> HYDRA TECHNOLOGIES LTD UNIT 5 SWANSEA, SA5 4AJ UNITED KINGDOM</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>911.50</u></p>
3.654	<p><b>Nonpriority creditor's name and mailing address</b> HYDRITE CHEMICAL COMPANY PO BOX 689227 CHICAGO, IL 60695-9227</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>22,240.50</u></p>
3.655	<p><b>Nonpriority creditor's name and mailing address</b> HYDRO SYSTEMS COMPANY 28781 NETWORK PLACE CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>25,695.80</u></p>
3.656	<p><b>Nonpriority creditor's name and mailing address</b> HYDROTEX LUBE P.O. BOX 678195 DALLAS, TX 75267-8195</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>10,098.73</u></p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.657	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>HYPERION MATERIALS &amp; TECHNOLOGIES USA LL PO BOX 360436 PITTSBURGH, PA 15251-6436</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>105.20</u></p>
3.658	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>IC&amp;S DISTRIBUTING COMPANY PO BOX 10845 LANCASTER, PA 17605</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,505.58</u></p>
3.659	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ICA INC 160 OAK ST UNIT 302 GLASTONBURY, CT 06033</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>736.03</u></p>
3.660	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>IDENTCO INTERNATIONAL CORP. P.O. BOX 7170, DEPT# 015 LIBERTYVILLE, IL 60048</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>20,657.00</u></p>
3.661	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>IMCD US, LLC PO BOX 5168 CAROL STREAM, IL 60197-5168</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,007.60</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.662	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>IMERY'S FUSED MINERALS NIAGARA FALLS, INC PO BOX 102568 ATLANTA, GA 30368</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>413.14</u></p>
3.663	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>IMITEC, INC. 1990 MAXON RD. EXT SCHENECTADY, NY 12308</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,360.00</u></p>
3.664	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>IMPERIAL BAG &amp; PAPER CO. LLC PO BOX 27305 NEW YORK, NY 10087-7305</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,933.75</u></p>
3.665	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDEPENDENT INK 13700 SOUTH GRAMERCY PLACE GARDENA, CA 90249</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>854.00</u></p>
3.666	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDESTRUCTIBLE PAINT CO. 1 INDEPENDENCE DRIVE MONROE, CT 06468</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>91,886.63</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.667	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDIUM CORP PO BOX 347268 PITTSBURGH, PA 15251-4268</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>189,483.79</u></p>
3.668	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDUSTRIAL CHEMICALS, INC PO BOX 890828 CHARLOTTE, NC 28289</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,110.46</u></p>
3.669	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDUSTRIAL CHEMICALS, INC PO BOX 890828 CHARLOTTE, NC 28289</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,110.46</u></p>
3.670	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDUSTRIAL CONTAINER SERVICES LLC 6191 JONES AVENUE ZELLWOOD, FL 32798</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>969.44</u></p>
3.671	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDUSTRIAL CONTAINER SERVICES LLC LOCKBOX# 776046 6046 SOLUTION CENTER CHICAGO, IL 60677</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,910.32</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.672	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDUSTRIAL CONTAINER SERVICES LLC LOCKBOX# 776046 6046 SOLUTION CENTER CHICAGO, IL 60677</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 1,939.88</p>
3.673	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDUSTRIAL SCIENTIFIC CORPORATION P.O. BOX 645449 PITTSBURGH, PA 15264-5252</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 55.00</p>
3.674	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDUSTRIAL SUMMIT TECHNOLOGY PO BOX 825798 PHILADELPHIA, PA 19182-5782</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 5,025.20</p>
3.675	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDUSTRIAL SUPPLIES 405 ANDREWS RD. TREVOSE, PA 19053-6923</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 22,525.23</p>
3.676	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDUSTRIAL TOOLING &amp; SUPPLY INC (ITS) 1800 HILLYER ROBINSON IND PAR ANNISTON, AL 36207</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 197.75</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.677	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INDUSTRIAL WATER CHEMISTS, INC. PO BOX 511 GREENWOOD, IN 46142</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>10,680.00</u></p>
3.678	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INFICON INC PO BOX 88133 CHICAGO, IL 60695</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>327.00</u></p>
3.679	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INKED OFFICE SOLUTIONS 7214 HWY 78 SUITE #4 SACHSE, TX 75048</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>14,359.68</u></p>
3.680	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INLAND TECHNOLOGY INC 401 EAST 27TH STREET TACOMA, WA 98421-1203</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,834.50</u></p>
3.681	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INLAND VACUUM INDUSTRIES PO BOX 373 CHURCHVILLE, NY 14428</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>32,270.20</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.682	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INNOSPEC FUEL SPECIALTIES DEPT.1183 DENVER, CO 80256-0001</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>63,207.12</u></p>
3.683	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INSECTS LIMITED, INC. 16950 WESFIELD PARK RD WESTFIELD, IN 46074</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>44,228.58</u></p>
3.684	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INSECTS LIMITED, INC. 16950 WESFIELD PARK RD WESTFIELD, IN 46074</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,367.19</u></p>
3.685	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INSIGHT SERVICES, INC. 20338 PROGRESS DRIVE STRONGSVILLE, OH 44149</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>315.00</u></p>
3.686	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INSIGHT SERVICES, INC. PO BOX 2102 CAROL STREAM, IL 60132-2102</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,170.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.687	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INSULECTRO 20362 WINDROW DRIVE LAKE FOREST, CA 92630</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>40,520.02</u></p>
3.688	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTECH 211 LAKE DRIVE NEWARK, DE 19702</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>430.75</u></p>
3.689	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTECH 211 LAKE DRIVE SUITE J NEWARK, DE 19702</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,237.65</u></p>
3.690	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTECH 211 LAKE DRIVE SUITE J NEWARK, DE 19702</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,237.65</u></p>
3.691	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTEGRAL PRODUCTS INC. 24030 FRAMPTON AVENUE HARBOR CITY, CA 90710</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,997.23</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.692	<b>Nonpriority creditor's name and mailing address</b> INTEGRATED CONNECTION (TSM) 1560 BOYSON ROADSTE #D HIAWATHA, IA 52233	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 3,950.00
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.693	<b>Nonpriority creditor's name and mailing address</b> INTEGRATED CONNECTION (TSM) 1560 BOYSON ROADSTE #D HIAWATHA, IA 52233	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check	\$ _____ 3,950.00
	<b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.694	<b>Nonpriority creditor's name and mailing address</b> INTERNATIONAL AERO SERVICES 9058 ROSECRANS AVE BELLFLOWER, CA 90706	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 1,650.00
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.695	<b>Nonpriority creditor's name and mailing address</b> INTERNATIONAL ELECTRONIC COMPONENTS 809 ALDO AVE #104 SANTA CLARA, CA 95054	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 17,472.02
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.696	<b>Nonpriority creditor's name and mailing address</b> INTERNATIONAL IMAGING MATERIAL INC. 310 COMMERCE DRIVE AMHERST, NY 14228	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 228.03
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.697	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTERNATIONAL IMAGING MATERIAL INC. 3198 MOMENTUM PLACE CHICAGO, IL 60689-5331</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 295.51</p>
3.698	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTERNATIONAL MARKING 206 KOSSUTH AVE. UTICA, NY 13501</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 18.50</p>
3.699	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTERNATIONAL MARKING PO BOX 379 UTICA, NY 13503</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 228.00</p>
3.700	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTERSTATE CHEMICAL CO INC 2720 RELIABLE PARKWAY CHICAGO, IL 60686</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 4,753.14</p>
3.701	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTERSTATE CHEMICAL CO INC PO BOX 931412 CLEVELAND, OH 44193-1573</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 5,310.49</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.702	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTER-STRAP PACKAGING SYSTEMS P O BOX 12367 SAN JUAN, 00914-0367 PUERTO RICO</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,483.45</u></p>
3.703	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTER-STRAP PACKAGING SYSTEMS P O BOX 12367 SAN JUAN, 00914-0367 PUERTO RICO</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,969.22</u></p>
3.704	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTERSURFACE DYNAMICS, INC. PO BOX 181 BETHEL, CT 06801</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>7,466.47</u></p>
3.705	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTERSURFACE DYNAMICS, INC. PO BOX 181 BETHEL, CT 06801</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,790.47</u></p>
3.706	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INT'L LUBRICATION &amp; FUEL CONSULTANTS I PO BOX 15212 RIO RANCHO, NM 87174-5212</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>99.45</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.707	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INTREPID COATINGS INC. 1910 EAST RIVERVIEW DRIVE PHOENIX, AZ 85034</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>8,680.95</u></p>
3.708	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INVENTEC PERFORMANCE CHEMICALS USA, LLC PO BOX 989 DEEP RIVER, CT 06417</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>41,999.30</u></p>
3.709	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INVENTEC PERFORMANCE CHEMICALS USA, LLC C/O VERTEX FINANCIAL INC 8750 N CENTRAL EXPWY, SUITE 900, LB9 DALLAS, TX 75231</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,822.46</u></p>
3.710	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>INVENTEC PERFORMANCE CHEMICALS USA, LLC PO BOX 989 DEEP RIVER, CT 06417</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,822.46</u></p>
3.711	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>IRM LLC (INDUSTRIAL RAW MATERIALS LLC) 112 WEST 56 STREET, 10TH FL NEW YORK, NY 10019</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>11,952.16</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.712	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>IRON MOUNTAIN RECORDS MANAGEME PO BOX 915004 DALLAS, TX 75391-5004</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,066.01</u></p>
3.713	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ISLE LABS INC P.O. BOX 205 OTTAWA LAKE, MI 49267</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>566.05</u></p>
3.714	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ISLE LABS INC P.O. BOX 205 OTTAWA LAKE, MI 49267</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>509.61</u></p>
3.715	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ISO-GROUP INC DRAWER#2658 PO BOX 5935 TROY, MI 48007-5935</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>43,164.68</u></p>
3.716	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ISO-GROUP INC 2350 COMMERCE PARK DRIVE NE PALM BAY, FL 32905</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>24,815.15</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.717	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ISO-GROUP INC P. O. BOX 41047 BATON ROUGE, LA 70835</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>154.70</u></p>
3.718	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ITO AMERICA CORPORATION 952 E BASELINE ROAD, SUITE 106 MESA, AZ 85204</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>8,920.00</u></p>
3.719	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ITO AMERICA CORPORATION 952 E BASELINE ROAD, SUITE 106 MESA, AZ 85204</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>8,920.00</u></p>
3.720	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>J &amp; J PAPER AND PACKAGING INC. 3363 ARDEN ROAD HAYWARD, CA 94545</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>170.00</u></p>
3.721	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>J CLAYTON COMPANIES 1650 OAK STREET LAKEWOOD, NJ 08701</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>655.68</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.722	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>J. RETTENMAIRE USA LP 16369 US 131 HIGHWAY SCHOOLCRAFT, MI 49087</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,748.75</u></p>
3.723	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>J.T. EATON &amp; CO., INC. PO BOX 74496 CLEVELAND, OH 44194</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>117,350.76</u></p>
3.724	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>J6 POLYMERS LLC PO BOX 250 GENOA, IL 60135</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>33,307.70</u></p>
3.725	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JADE SCIENTIFIC 39103 WARREN ROAD WESTLAND, MI 48185</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,428.97</u></p>
3.726	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JAN-PRO CLEANING SYSTEMS OF ST LOUIS ATTN: ACCOUNTS RECEIVABLE 233 MILLWELL DRIVE MARYLAND HEIGHTS, MO 63043</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>843.76</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.727	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JAN-PRO OF AUSTIN 3305 NORTHLAND DRIVE, STE 202. AUSTIN, TX 78731</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>719.86</u></p>
3.728	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JC EHRLICH CO, INC DBA TARGET SPECIALTY PO BOX 14084 READING, PA 19612-3848</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>53,984.52</u></p>
3.729	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JC TOOL COMPANY 25702 ALDINE WESTFIELD RD SUITE #600 SPRING, TX 77373</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>100.98</u></p>
3.730	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JD TOOL 205 HARRISON AVE ENDICOTT, NY 13760</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,517.40</u></p>
3.731	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JEMNI INC. PO BOX 31001-1382 PASADENA, CA 91110-1382</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>71,871.36</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.732	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JEMNI INC. 7472 COLLECTION CENTER DR CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>68,937.83</u></p>
3.733	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JENSEN HUGHES, INC. PO BOX 7410242 CHICAGO, IL 60674-0242</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>23,072.50</u></p>
3.734	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JET STREAM AVIATION PRODUCTS 1971 UNIVERSITY BUSINESS DR SUITE 1 MCKINNEY, TX 75071</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>467.52</u></p>
3.735	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JET STREAM AVIATION PRODUCTS 1971 UNIVERSITY BUSINESS DR SUITE 1 MCKINNEY, TX 75071</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>467.52</u></p>
3.736	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JK INDUSTRIES LLC 26020 SHERWOOD AVE WARREN, MI 48091</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>888.90</u></p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.737	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JOHANN HALTERMANN, LTD. 6510 TELECOM DR INDIANAPOLIS, IN 46278</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>27,060.34</u></p>
3.738	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JOHNSON CONTROLS INC P. O. BOX 93107 CHICAGO, IL 60673-3107</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>916.42</u></p>
3.739	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JOHNSON CONTROLS SECURITY SOLUTIONS PO BOX 371967 PITTSBURGH, PA 15250-7967</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,968.91</u></p>
3.740	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JOHNSON DIVERSEY INC - WA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>167.62</u></p>
3.741	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JOHNSON PLASTICS PLUS PO BOX 74576 CLEVELAND, OH 44194</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>981.27</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.742	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JOHNSON SUPPLY CO. P.O. BOX 449 PENSACOLA, FL 32591</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,835.00</u></p>
3.743	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>JULABO USA, INC. 884 MARCON BOULEVARD ALLENTOWN, PA 18109</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,057.60</u></p>
3.744	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>K.M.D. LINEN SERVICE CO. INC. 109 BOONE HILLS DR. ST. PETERS, MO 63376</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>90.00</u></p>
3.745	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KAEMMERLEN ELECTRIC P.O. BOX 454 ST. LOUIS, MO 63166</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>393.26</u></p>
3.746	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KANO LABORATORIES INC PO BOX 71430 CHICAGO, IL 60694</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>303.40</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.747	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KANO LABORATORIES INC PO BOX 71430 CHICAGO, IL 60694</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 120.65</p>
3.748	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KANO LABORATORIES INC. PO BOX 110098 NASHVILLE, TN 37222</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,545.84</p>
3.749	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KAUFMAN CO. INC. PO BOX 9126 NORWOOD, MA 02062-9126</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 172.93</p>
3.750	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KAYAKU ADVANCED MATERIALS, INC. DEPARTMENT 310 PO BOX 4106 WOBURN, MA 01888</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 349,498.73</p>
3.751	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KAYAKU ADVANCED MATERIALS, INC. DEPARTMENT 310 PO BOX 4106 WOBURN, MA 01888</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 177,644.95</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.752	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 67,582.90
	K-CHEMICALS, INC. 310 INDUSTRIAL DRIVE BEAN STATION, TN 37708	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.753	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 31,729.10
	KELLEY WILLIAMSON 1132 HARRISON AVE ROCKFORD, IL 61104	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.754	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 2,621.80
	KELSAN INC. PO BOX 639235 CINCINNATI, OH 45263-9235	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.755	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 4,181.52
	KENT H LANDSBERG CO 25794 NETWORK PLACE CHICAGO, IL 60673	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	
3.756	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	\$ 737.92
	KIDDE PO BOX 90370 CHICAGO, IL 60696-0370	<i>Check all that apply.</i>	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
		<input checked="" type="checkbox"/> No	
	<b>Last 4 digits of account number</b>	<input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.757	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KIDDE PO BOX 90370 CHICAGO, IL 60696-0370</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>737.92</u></p>
3.758	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KIMANI JOHN ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>10,000.00</u></p>
3.759	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KIMBRO OIL COMPANY PO BOX 23089 NASHVILLE, TN 37202</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>30,959.66</u></p>
3.760	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KLINGER PAINT 5555 WILLOW CREEK DRIVE S.W CEDAR RAPIDS, IA 52404</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,244.60</u></p>
3.761	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KLUBER LUBRICATION LOCK BOX 730031 DALLAS, TX 75373-0031</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>16,247.89</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.762	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KLUBER LUBRICATION 22571 NETWORK PLACE CHICAGO, IL 60673-1225</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>50,488.51</u></p>
3.763	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KLUTHE NA INC. 47087 FIVE MILE ROAD PLYMOUTH, MI 48170</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>982.72</u></p>
3.764	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KMG ELECTRONIC CHEMICALS, INC P. O. BOX 733826 DALLAS, TX 75373-3826</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>46,697.82</u></p>
3.765	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KMG ELECTRONIC CHEMICALS, INC PO BOX 934859 ATLANTA, GA 30354-4859</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>169,204.25</u></p>
3.766	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KNESS MFG. CO., INC. PO BOX 70 ALBIA, IA 52531</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>12,195.96</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.767	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KOCOUR 4800 S. ST. LOUIS AVE CHICAGO, IL 60632</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>931.74</u></p>
3.768	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KODIAK EQUIPMENT SERVICES, INC. 1603 ENGLE CREEK ROAD ST. LOUIS, MO 63012</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>582.18</u></p>
3.769	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KOHL MARKETING 435 WILLIAMS COURT SUITE 126 MIDDLE RIVER, MD 21220</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>600.80</u></p>
3.770	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KOLB CLEANING TECHNOLOGY USA 410 S SUNSET ST. UNIT C LONGMONT, CO 80501</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,133.60</u></p>
3.771	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KOMELON USA P.O BOX 1045 WAUKESHA, WI 53187-1045</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>175.00</u></p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.772	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KRAYDEN INC 1491 WEST 124TH AVENUE WESTMINISTER, CO 80234</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 9,919.94</p>
3.773	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KUPRION, INC</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 2,500.00</p>
3.774	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KUPRION, INC</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 2,500.00</p>
3.775	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KURT J LESKER CO PO BOX 951677 CLEVELAND, OH 44193</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 22,579.51</p>
3.776	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>KYZEN CORPORATION PO BOX 306139 NASHVILLE, TN 37230-6139</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 352,770.52</p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.777	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LAB ALLEY LLC 22111 HWY 71 WEST STE 601 SPICEWOOD, TX 78669</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>41.00</u></p>
3.778	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LABCHEM, INC. 1010 JACKSON'S POINTE COURT ZELIENOPLE, PA 16063</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>13,407.75</u></p>
3.779	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LABELMASTER AN AMERICAN LABELMARK COMPANY PO BOX 46402 CHICAGO, IL 60646-0402</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,534.53</u></p>
3.780	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LADD RESEARCH 83 HOLLY COURT WILLISTON, VT 05495</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>299.90</u></p>
3.781	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LAIRD TECHNOLOGIES, INC 62722 COLLECTIONS CENTER DR CHICAGO, IL 60693-0627</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,036.72</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.782	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LAIRD TECHNOLOGIES, INC P O BOX 840426 DALLAS, TX 75284-0426</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5,556.51</u></p>
3.783	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LANXESS SOLUTIONS US INC. LOCKBOX 13674 COLLECTION CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>72,476.00</u></p>
3.784	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LAPMASTER INTERNATIONAL LLC P.O. BOX 74008766 CHICAGO, IL 60674-8766</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>15,030.44</u></p>
3.785	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LAUREL TOOL &amp; ENGINEERING COMP 60 SUNSHINE FARMS DR. SOMERS, CT 06071</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,647.00</u></p>
3.786	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LAUREL TOOL &amp; ENGINEERING COMP 60 SUNSHINE FARMS DR. SOMERS, CT 06071</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,170.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.787	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LAWSON PRODUCTS INC. P. O. BOX 734922 CHICAGO, IL 60673-4922</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 36.52</p>
3.788	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LECO CORP 3000 LAKEVIEW AVENUE ST JOSEPH, MI 49085-2396</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,598.00</p>
3.789	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LEET'S REFRIGERATION LC 1303 W. MAIN STREET WASHINGTON, IA 52353</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,678.66</p>
3.790	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LEWIS ELECTRICAL CONTRACTORS, INC. 1346 STONEFIELD COURT ALPHARETTA, GA 30004</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 602.00</p>
3.791	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LEWIS SYSTEMS &amp; SERVICE CO INC 3702 BOREN DRIVE GREENSBORO, NC 27407</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,967.32</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.792	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LGS TECHNOLOGIES LP 2950 W. WINTERGREEN LANCASTER, TX 75134</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 5,451.00</p>
3.793	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LGS TECHNOLOGIES LP PO BOX 763039 DALLAS, TX 75376-3039</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 59,961.00</p>
3.794	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LHB INDUSTRIES P.O. BOX 870507 KANSAS CITY, MO 64187-0507</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 218.64</p>
3.795	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LINDAU CHEMICALS INC. 731 ROSEWOOD DRIVE COLUMBIA, SC 29201</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 13,190.00</p>
3.796	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LINDE GAS &amp; EQUIPMENT INC. DEPT LA 21511 PASADENA, CA 91185-1511</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 73,642.58</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.797	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LINDE GAS &amp; EQUIPMENT INC. DEPT 0812 PO BOX 120812 DALLAS, TX 75312-0812</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>274,900.30</u></p>
3.798	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LINDE, INC. P. O. BOX 417518 BOSTON, MA 02241-7518</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,277.33</u></p>
3.799	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LIPHATECH INC PO BOX 88927 MILWAUKEE, WI 53288-0927</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>173,991.45</u></p>
3.800	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LONE STAR LUBRICANTS P.O.BOX 14350 FORT WORTH, TX 76117</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>116.57</u></p>
3.801	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LONE WOLF TECHNOLOGIES, INC. PO BOX 185759 FORTH WORTH, TX 76181</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>113,345.24</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.802	<p><b>Nonpriority creditor's name and mailing address</b> LORAD CHEMICAL CORPORATION</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,872.00</p>
3.803	<p><b>Nonpriority creditor's name and mailing address</b> LORAD CHEMICAL CORPORATION</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,872.00</p>
3.804	<p><b>Nonpriority creditor's name and mailing address</b> LOW VOLUME POWDER LLC 11122 MORRISON LN DALLAS, TX 75229</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 19.90</p>
3.805	<p><b>Nonpriority creditor's name and mailing address</b> LOZIER OIL COMPANY P.O. BOX 266 FARMINGTON, IL 61531</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 31,549.60</p>
3.806	<p><b>Nonpriority creditor's name and mailing address</b> LTS RESEARCH LABORATORIES INC. 37 RAMLAND RD 2ND FLOOR ORANGEBURG, NY 10962</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 14,642.00</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.807	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LUBECON USA LLC 201 N WEBSTER STREET WHITE CLOUD, MI 49349</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 12,020.51</p>
3.808	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LUBECON USA LLC 201 N WEBSTER STREET WHITE CLOUD, MI 49349</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 4,614.46</p>
3.809	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LUBRICATING SPECIALTIES CO.</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 971.30</p>
3.810	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LUBRICATION ENGINEERS PO BOX 16025 WICHITA, KS 67216</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 8,381.97</p>
3.811	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LUBRIZOL CORPORATION PNC BANK 3013 SOLUTIONS CENTER CHICAGO, IL 60677-3000</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 1,731.45</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.812	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LUCAS MILHHAUPT, INC PO BOX 854686 MINNEAPOLIS, MN 55486-4686</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5,914.70</u></p>
3.813	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LUCAS MILHHAUPT, INC PO BOX 854686 MINNEAPOLIS, MN 55486-4686</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,119.52</u></p>
3.814	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>LUCAS-MILHAUPT INCORPORATED PO BOX #854686 MINNEAPOLIS, MN 55485-4686</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5,500.12</u></p>
3.815	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>M&amp;Q PACKAGING LLC PO BOX 714509 CINCINNATI, OH 45271-4509</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>32,952.00</u></p>
3.816	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>M&amp;Q PACKAGING LLC PO BOX 714509 CINCINNATI, OH 45271-4509</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>32,952.00</u></p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.817	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MACDERMID ENTHONE INC. 4530 EASTGATE PARKWAY MISSISSAUGA, ON L4W 3W6 CANADA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,728.00</u></p>
3.818	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MACDERMID INC - MI 5632 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,400.00</u></p>
3.819	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MACDERMID INC - MI PO BOX 206279 DALLAS, TX 75320-6279</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>8,310.96</u></p>
3.820	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MACDERMID INC - MI PO BOX 206279 DALLAS, TX 75320-6279</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,400.00</u></p>
3.821	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MACDERMID INC. MAIL CODE 5283 PO BOX 660367 DALLAS, TX 75266-0367</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>39,363.71</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.822	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MACHINABLEWAX.COM, INC. P.O. BOX 335 GRAWN, MI 49637</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 13,263.75</p>
3.823	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MAGNAFLUX DIVISION OF ILLINOIS TOOL WORK PO BOX 75514 CHICAGO, IL 60675</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 80,509.21</p>
3.824	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MAHAR TOOL SUPPLY 112 WILLIAMS ST. SAGINAW, MI 48602</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 403.40</p>
3.825	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MAINE INDUSTRIAL PLASTICS &amp; RU 21 TEAGUE STREET NEWCASTLE, ME 04553</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 2,612.70</p>
3.826	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MAINTENANCE SUPPLY &amp; CHEMICAL CO PO BOX 2235 HUNTERSVILLE, NC 28070</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 858.00</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.827	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MAINTENANCE SUPPLY &amp; CHEMICAL CO PO BOX 2235 HUNTERSVILLE, NC 28070</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 858.00</p>
3.828	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MAKINO, INC DEPT CH 16443 PALATINE, IL 60055-6443</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 5,693.00</p>
3.829	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MALIN CO 5400 SMITH ROAD BROOK PARK, OH 44142</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 225.69</p>
3.830	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MANKIEWICZ GEOR. AND CO 1200 CHARLESTON REGIONAL PKWY CHARLESTON, SC 29492</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 26,381.28</p>
3.831	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MANSFIELD OIL COMPANY PO BOX 733706 DALLAS, TX 75373-3706</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 58,933.92</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.832	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MARKEM CORP 2-7075 EDWARDS BLVD MISSISSAUGA, ON L5S 1Z2 CANADA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>555.20</u></p>
3.833	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MARKEM CORP 2-7075 EDWARDS BLVD MISSISSAUGA, ON L5S 1Z2 CANADA</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>555.20</u></p>
3.834	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MARKETING EAST 171 NORTH MAIN STREET MIDDLETON, MA 01949</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>38,655.72</u></p>
3.835	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MARKING METHODS INC. INDUSTRIAL MARKING SPECIALISTS ALHAMBRA, CA 91802-0759</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>75.00</u></p>
3.836	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MAROON INTERMEDIATE HOLDINGS, LLC PO BOX 77096 CLEVELAND, OH 44194-7096</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5,343.70</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.837	<b>Nonpriority creditor's name and mailing address</b> MASTER CHEMICALS CORP 501 WEST BOUNDARY PERRYSBURG, OH 43551	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>2,120.74</u>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.838	<b>Nonpriority creditor's name and mailing address</b> MATERION ADVANCED CHEMICALS DEPARTMENT 6093 CAROL STREAM, IL 60122-6093	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>214,040.55</u>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.839	<b>Nonpriority creditor's name and mailing address</b> MATERION ADVANCED CHEMICALS (FORMERLY CE) DEPARTMENT 6046 CAROL STREAM, IL 60122-6046	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>52,120.30</u>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.840	<b>Nonpriority creditor's name and mailing address</b> MATHESON TRI GAS DEPT. LA 23793 PASADENA, CA 91185	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>3,670.64</u>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.841	<b>Nonpriority creditor's name and mailing address</b> MATHESON TRI GAS INC PO BOX 842724 DALLAS, TX 75284-2724	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>22,807.48</u>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.842	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MATHESON TRI-GAS DEPT 3028 DALLAS, TX 75312-3028</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,082.93</u></p>
3.843	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MATHESON TRI-GAS DEPT LA 23793 PASADENA, CA 91185</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>26,705.12</u></p>
3.844	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MATHESON TRI-GAS (FORMERLY VALLEY NATION) DEPT 3028 PO BOX 123028 DALLAS, TX 75312</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,235.94</u></p>
3.845	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MATHESON TRI-GAS INC P.O. BOX 842724 DALLAS, TX 75284-2724</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>195.30</u></p>
3.846	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MATHESON TRI-GAS, INC. DEPT 3028 PO BOX 123028 DALLAS, TX 75312-3028</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,696.77</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.847	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MATTERHACKERS INC 20321 VALENCIA CIR. LAKE FOREST, CA 92630</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>642.45</u></p>
3.848	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MAXI-BLAST 3650 N. OLIVE RD. SOUTH BEND, IN 46628</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>551.00</u></p>
3.849	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MCGEAN ROHCO INC. PO BOX 73464-N CLEVELAND, OH 44193</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>226,809.13</u></p>
3.850	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MCGEE INDUSTRIES INC 9 CROZERVILLE ROAD ASTON, PA 19014-0425</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,998.00</u></p>
3.851	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MCMASTER CARR SUPPLY CO. PO BOX 7690 CHICAGO, IL 60680-7690</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>80.64</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.852	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MCMASTER CARR SUPPLY CO. PO BOX 740100 ATLANTA, GA 30336-0100</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 159.52</p>
3.853	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MEASUREMENT AND CONTROL SOLUTIONS</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 350.00</p>
3.854	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MEASUREMENT AND CONTROL SOLUTIONS</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 350.00</p>
3.855	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MEIER SUPPLY CO INC 275 BROOME CORPORATE PARKWAY CONKLIN, NY 13748-1511</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 77,030.37</p>
3.856	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MERCEDES SCIENTIFIC P.O.BOX 850001 ORLANDO, FL 32885-0123</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,646.94</p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.857	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MERECO TECHNOLOGIES 1505 MAIN STREET WEST WARWICK, RI 02893</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 1,222.65</p>
3.858	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MERECO TECHNOLOGIES 1505 MAIN STREET WEST WARWICK, RI 02893</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 1,222.65</p>
3.859	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MERRIFIELD PAINT COMPANY, INC 47 INWOOD ROAD ROCKY HILL, CT 06067-3412</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 7,020.00</p>
3.860	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MESSER LLC 88718 EXPEDITE WAY CHICAGO, IL 60695-1700</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 86,288.96</p>
3.861	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>METAL IMPROVEMENT CO DEPT CH 10456 PALATINE, IL 60055-0456</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 150.00</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.862	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>METALLIC RESOURCES INC. 2368 E ENTERPRISE PARKWAY TWINSBURG, OH 44087-0368</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>13,697.01</u></p>
3.863	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>METALS PRESERVATION GROUP, LLC 23010 INDUSTRIAL DRIVE EAST ST. CLAIR SHORES, MI 48010</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,718.86</u></p>
3.864	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>METALUBE OF NC, INC P.O. BOX 1546 WAKE FOREST, NC 27588</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>19,800.00</u></p>
3.865	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>METEX CORPORATION 970 NEW DURHAM ROAD EDISON, NJ 08818</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>38,798.48</u></p>
3.866	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>METLAB CORPORATION PO BOX 1075, 4011 HYDE PARK BLVD NIAGARA FALLS, NY 14302</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>454.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.867	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>METLAB CORPORATION PO BOX 1075, 4011 HYDE PARK BLVD NIAGARA FALLS, NY 14302</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 454.00</p>
3.868	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>METROHM USA INC. PO BOX 405562 ATLANTA, GA 30384-5562</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 397.80</p>
3.869	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>METROPOLITAN TELECOMMUNICATIONS PO BOX 9660 MANCHESTER, NH 03108-9660</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 447.31</p>
3.870	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MEYER LABORATORY INC 2401 W JEFFERSON BLUE SPRING, MO 64015</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,698.04</p>
3.871	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MEYER PLASTICS INC 5968 SUNNYSIDE ROAD INDIANAPOLIS, IN 46236</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 18,460.54</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.872	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MGK P. O. BOX 71997 CHICAGO, IL 60694-1997</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>577,575.24</u></p>
3.873	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MICHELMAN, INC. P O BOX 734181 CHICAGO, IL 60673-4181</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,772.18</u></p>
3.874	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MICRO ABRASIVES CORPORATION 720 SOUTHAMPTON ROAD PO BOX 669 WESTFIELD, MA 01086</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>333.30</u></p>
3.875	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MICRO CARE MARKETING SVCS INC PO BOX 715361 CINCINNATI, OH 45271-5361</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>14,178.08</u></p>
3.876	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MICRO MATERIALS INC. 900 CALLE PLANO, UNIT N CAMERILLO, CA 93012</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>599.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.877	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MICRO-MEASUREMENTS (FORMERLY VISHAY MEAS P.O. BOX 27777 RALEIGH, NC 27611</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,045.24</u></p>
3.878	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MICRO-MEASUREMENTS (FORMERLY VISHAY MEAS P.O. BOX 27777 RALEIGH, NC 27611</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,045.24</u></p>
3.879	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MID-IOWA TOOLS INCORPORATED 3350 SQUARE D DRIVE SW CEDAR RAPIDS, IA 52404-3916</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>563.44</u></p>
3.880	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MID-IOWA TOOLS INCORPORATED P.O. BOX 788 CEDAR RAPIDS, IA 52406</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>563.44</u></p>
3.881	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MIDLAND SCIENTIFIC 10651 CHANDLER ROAD, STE 102 LAVISTA, NE 68128</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,045.72</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.882	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MIDSTATE INDUSTRIAL SUPPLY, INC. 1408 N C AVE SIOUX FALLS, SD 57104</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,640.00</u></p>
3.883	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MIDVALE INDUSTRIES INC PO BOX 771370 ST. LOUIS, MO 63177-2370</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,242.65</u></p>
3.884	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MIDVALE INDUSTRIES INC 6310 KNOX INDUSTRIAL DRIVE SAINT LOUIS, MO 63139</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,369.01</u></p>
3.885	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MIDVALE INDUSTRIES INC 6310 KNOX INDUSTRIAL DRIVE SAINT LOUIS, MO 63139</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,242.65</u></p>
3.886	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MIDWEST MARINE SUPPLY 24300 JEFFERSON AVE SAINT CLAIR SHORES, MI 48080</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>50.12</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.887	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MIDWEST SANITARY SERVICE, INC. 333 N. OLD ST. LOUIS RD. WOOD RIVER, IL 62095</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>240.00</u></p>
3.888	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MIKRO INDUSTRIAL FINISHING COM 170 WEST MAIN STREET VERNON, CT 06066</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>7,280.60</u></p>
3.889	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MILACRON</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,695.08</u></p>
3.890	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MILACRON</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>642.25</u></p>
3.891	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MILANCO, INC PO BOX 455 DALLAS, NC 28034</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>7,421.56</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.892	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MILITARY SPECIFIED COATINGS 7617 BLUEBERRY ROAD POWELL, TN 37840</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>16,700.97</u></p>
3.893	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MILLER-STEPHENSON CHEMICAL COMPANY, 55 BACKUS AVENUE DANBURY, CT 06810</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,549.39</u></p>
3.894	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MILLIKEN CHEMICAL COMPANY PO BOX 780715 PHILADELPHIA, PA 19178-0715</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,452.20</u></p>
3.895	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MILSPRAY MILITARY TECHNOLOGIES 845 TOWBIN AVENUE LAKEWOOD, NJ 08701</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>292.70</u></p>
3.896	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MINER, LTD PO BOX 953381 ST LOUIS, MO 63195-3381</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,484.75</u></p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.897	<b>Nonpriority creditor's name and mailing address</b> MINTEQ INTERNATIONAL IN., PYRO GROUP PO BOX 955384 ST. LOUIS, MO 63195-5384	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>35,660.40</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.898	<b>Nonpriority creditor's name and mailing address</b> MIRACHEM CORP, THE PO BOX 14059 PHOENIX, AZ 85063-4059	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>209.25</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.899	<b>Nonpriority creditor's name and mailing address</b> MISSION GOLF CARS AND INDUSTRIAL VEHICLE 18865 RED LAND ROAD SAN ANTONIO, TX 78259	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>2,130.36</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.900	<b>Nonpriority creditor's name and mailing address</b> MODERN CHEMICAL INC POST OFFICE BOX 1256 MARBLEHEAD, MA 01945	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>106.00</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.901	<b>Nonpriority creditor's name and mailing address</b> MODERN CHEMICAL INC. - T PO BOX 368 JACKSONVILLE, AR 72078	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>5,457.00</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.902	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MODERN CHEMICAL INC. - T PO BOX 368 JACKSONVILLE, AR 72078</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>2,850.00</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.903	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MOHAWK FINISHING PRODUCTS PO BOX 535414 ATLANTA, GA 30353-5414</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>73.12</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.904	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MOLECULAR TECH COATINGS 20110 115A AVE., UNIT B MAPLE RIDGE, BC V2X 0Z4 CANADA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>80.00</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.905	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MOMAR, INC PO BOX 19569 ATLANTA, GA 30325</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>144.04</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.906	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MONSON COMPANIES INC/MA P.O. BOX 712928 PHILADELPHIA, PA 19171-2928</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>10,791.68</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.907	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MORAN &amp; SONS' LUMBER CO., INC. PO BOX 19008 PHOENIX, AZ 85005</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>12,132.00</u></p>
3.908	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MOSES LAKE INDUSTRIES, INC 8248 RANDOLPH ROAD NE MOSES LAKE, WA 98837</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,700.00</u></p>
3.909	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MOSES LAKE INDUSTRIES, INC 8248 RANDOLPH ROAD NE MOSES LAKE, WA 98837</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,700.00</u></p>
3.910	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MOTION INDUSTRIES PO BOX 504606 ST. LOUIS, MO 63150</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,242.87</u></p>
3.911	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MOTION INDUSTRIES, INC P.O. BOX 98412 CHICAGO, IL 60693-8412</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,373.44</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.912	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	
	MOTION INDUSTRIES, INC PO BOX 98412 CHICAGO, IL 60693	<i>Check all that apply.</i>	\$ 2,518.24
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.913	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	
	MOUNTAINEER PO BOX 1207 POWELL, OH 43065	<i>Check all that apply.</i>	\$ 9,840.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.914	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	
	MOUSER ELECTRONICS 1000 NORTH MAIN ST MANSFIELD, TX 76063	<i>Check all that apply.</i>	\$ 668.70
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.915	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	
	MOUSER ELECTRONICS P.O. BOX 99319 FORT WORTH, TX 76199-0319	<i>Check all that apply.</i>	\$ 2,176.91
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.916	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	
	MOWER MEDIC & POWER EQUIPMENT 13860 N STEMMONS FWY FARMERS BRANCH, TX 75234	<i>Check all that apply.</i>	\$ 414.80
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b> Trade Payable	
	<b>Date or dates debt was incurred</b>	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.917	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MP BIOMEDICALS, LLC.</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>\$ 245.00</p>
3.918	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MPM PRODUCTS INC.            1718 EAST GREVILLEA COURT            ONTARIO, CA 91761</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>\$ 470.00</p>
3.919	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>M-R ADVANCED TECHNOLOGIES            3063 SE WILLOW DRIVE            HILLSBORO, OR 97123</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>\$ 3,418.20</p>
3.920	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MS MILLER STEPHENSON            55 BACKUS AVENUE            DANBURY, CT 06810-7328</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>\$ 118,490.43</p>
3.921	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MSC INDUSTRIAL SUPPLY CO.            PO BOX 953635            ST LOUIS, MO 63195</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>\$ 291,929.12</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.922	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MSC INDUSTRIAL SUPPLY CO. DEPT CH 0075 PALATINE, IL 60055-0075</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 73.60</p>
3.923	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MYPERFECTCOLOR 222 S. LIVINGSTON AVE LIVINGSTON, NJ 07039</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 47.17</p>
3.924	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MYRON L COMPANY PO BOX 507005 SAN DIEGO, CA 92150-7005</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 232.00</p>
3.925	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MYRON L COMPANY 2450 IMPALA DR CARLSBAD, CA 92010</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 407.00</p>
3.926	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>MYRON L COMPANY 2450 IMPALA DR CARLSBAD, CA 92010</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 175.00</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.927	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NAGASE CHEMTEX AMERICA LLC PO BOX 932847 CLEVELAND, OH 44193-2847</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>72,485.00</u></p>
3.928	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NALCO COMPANY PO BOX 70716 CHICAGO, IL 60673-0716</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>46,579.54</u></p>
3.929	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NALCO COMPANY PO BOX 730005 DALLAS, TX 75373-0005</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>87,847.20</u></p>
3.930	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NAME REDACTED ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation, Case # 530-2021-05210, EEOC</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>Undetermined</u></p>
3.931	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NAMICS TECHNOLOGIES, INC 2055 GATEWAY PLACE SAN JOSE, CA 95110</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,500.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.932	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NAMICS TECHNOLOGIES, INC 226 AIRPORT PARKWAY SUITE 660 SAN JOSE, CA 95110</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 46,864.00</p>
3.933	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NAMICS TECHNOLOGIES, INC 226 AIRPORT PARKWAY SUITE 660 SAN JOSE, CA 95110</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 1,500.00</p>
3.934	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NANOCEROX, INC. 712 STATE CIRCLE ANN ARBOR, MI 48108</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 14,810.00</p>
3.935	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NAPA AUTO PARTS 200 WEST MARKET STREET CRAWFORDSVILLE, IN 47933</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 299.76</p>
3.936	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NATIONAL COATINGS AND SUPPLIES - WICHITA PO BOX 204383 DALLAS, TX 75320-4383</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 11,221.28</p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.937	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NATIONAL ENERGY EQUIPMENT INC. 1850 DERRY RD E. MISSISSAUGA, ON L5S 1Y6 CANADA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 35.43</p>
3.938	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NATIONAL EXPOSURE TESTING, INC. 3211 CENTENNIAL RD SYLVANIA, OH 43560</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 175.00</p>
3.939	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NATIONAL EXPOSURE TESTING, INC. 3211 CENTENNIAL RD SYLVANIA, OH 43560</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 175.00</p>
3.940	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NAZDAR COMPANY PO BOX 71097 CHICAGO, IL 60694-1097</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,465.98</p>
3.941	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NAZDAR INC PO BOX 71097 CHICAGO, IL 60694-1097</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 17,606.24</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.942	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NCC DIE CASTING LLC 2301 SOLONA ST. HALTOM CITY, TX 76117</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>67,214.40</u></p>
3.943	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NCH CORP 23261 NETWORK PLACE CHICAGO, IL 60673-1232</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>456.16</u></p>
3.944	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NCOC INC 21251 MEYERS ROAD OAK PARK, MI 48237</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>45,158.95</u></p>
3.945	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NCP COATINGS INC 225 FORT ST. NILES, MI 49120-0307</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>29,048.16</u></p>
3.946	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NCP COATINGS INC/FKA NILES CHEMICAL 225 FORT STREET NILES, MI 49120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>11,587.84</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.947	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ND INDUSTRIES INC/FL P.O. BOX 674728 DETROIT, MI 48267-4728</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>23,306.07</u></p>
3.948	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEELY INDUSTRIES 7900 RODEO TRAIL SUITE 100 MANSFIELD, TX 76063</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,790.84</u></p>
3.949	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEI CORPORATION 201 CIRCLE DRIVE STE 102/103 PISCATAWAY, NJ 08854</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>500.00</u></p>
3.950	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NETMRO, LLC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>169,253,448.07</u></p>
3.951	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEUCO DISTRIBUTORS P O BOX 500 BOSTWICK, FL 32007-0500</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>358.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.952	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEW AGE CHEMICAL 3765 KETTLE COURT E DELAFIELD, WI 53018</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 4,720.80</p>
3.953	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEW ENGLAND DIE CUTTING, INC. 96 MILK STREET METHUEN, MA 01844</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 128,446.12</p>
3.954	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEW ENGLAND DRY ICE CO LLC POST OFFICE BOX 4606 MANCHESTER, NH 03108</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 13,860.00</p>
3.955	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEW ENGLAND ETCHING CO. INC. 23 SPRING ST HOLYOKE, MA 01040</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 15,264.24</p>
3.956	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEWARK ELECTRONICS/94151/IL 33190 COLLECTION CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 17,339.75</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.957	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEWARK ELECTRONICS/TX 33190 COLLECTION CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,814.58</u></p>
3.958	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEWARK IN ONE ELECTRONICS 33190 COLLECTION CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,162.10</u></p>
3.959	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEWCO POST OFFICE BOX 3927 FLORENCE, SC 29502</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>10,569.00</u></p>
3.960	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NEXAIR PO BOX 125 MEMPHIS, TN 38101-0125</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>35,145.32</u></p>
3.961	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NISUS CORPORATION 100 NISUS DRIVE ROCKFORD, TN 37853</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>72,386.54</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.962	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NITTO, INC. DEPT CH 10896 PALATINE, IL 60055-0896</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 526.94</p>
3.963	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NOBLE PINE PRODUCTS CO. PO BOX 41 YONKERS, NY 10710-0041</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 162,530.40</p>
3.964	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NOLATO JABAR LLC 252 BRIGHTON ROAD ANDOVER, NJ 07821</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 1,280.79</p>
3.965	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NORLAND PRODUCTS INC 1095 CRANBURY S.RIVER RD. STE 20 JAMESBURG, NJ 08831</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 12,000.00</p>
3.966	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NORRIS CYLINDER COMPANY PO BOX 203069 DALLAS, TX 75320-3069</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 914.04</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.967	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NORTH AMERICAN COMPOSITES P O BOX 848149 LOS ANGELES, CA 90084-8149</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,852.00</u></p>
3.968	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NORTH AMERICAN HOGANAS HIGH ALLOYS LLC PO BOX 644774 PITTSBURGH, PA 15264</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>90,990.00</u></p>
3.969	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NORTHERN COATINGS &amp; CHEMICAL CO., INC. 705 6TH AVENUE MENOMINEE, MI 49858</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,199.30</u></p>
3.970	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NORTHERN COMPOSITES (FORMERLY NORTHERN F 102 TIDE MILL RD, STE 12 HAMPTON, NH 03842</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,992.50</u></p>
3.971	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NORTHLAND PRODUCTS CO PO BOX 418 WATERLOO, IA 50701</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>26,016.64</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.972	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NOTEHOLDER PLAINTIFFS C/O KOBRE &amp; KIM LLP ATTN: ADAM LAVINE; ZACHARY ROSENBAUM 800 THIRD AVE. NEW YORK, NY 10022</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>Undetermined</u></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Litigation, Case # 654068/2022, NY Sup Ct NY Cty</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.973	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NOVAGARD SILICONE COMP. &amp; GREASES PO BOX 932420 CLEVELAND, OH 44193</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>600.37</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.974	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NOVAGARD SILICONE COMP. &amp; GREASES PO BOX 932420 CLEVELAND, OH 44193</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>600.37</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.975	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NOVOTECH INC 916 MAIN ST ACTON, MA 01720</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>41,400.00</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.976	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NU SOURCE INC 4629 S. 33RD STREET PHOENIX, AZ 85040</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>832.00</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.977	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NUANCE SOLUTIONS 900 E 103RD STREET, SUITE D CHICAGO, IL 60628</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,520.00</u></p>
3.978	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NUGENERATION TECHNOLOGIES</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,415.66</u></p>
3.979	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NUSIL TECHNOLOGY 1050 CINDY LANE CARPENTERIA, CA 93013</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>27,840.00</u></p>
3.980	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NYCOTE LABS - T P.O. BOX 802347 VALENCIA, CA 91380</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>806.00</u></p>
3.981	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NYE LUBRICANTS P.O. BOX 8927 NEWBEDFORD, MA 02742-8927</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>969.70</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.982	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NYNAS USA INC. 5850 SAN FELIPE STREET SUITE 500 (STE 68) HOUSTON, TX 77057</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>8,949.06</u></p>
3.983	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>NYNAS USA INC. 5850 SAN FELIPE STREET SUITE 500 (STE 68) HOUSTON, TX 77057</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>8,949.06</u></p>
3.984	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OAKLAND CHEMICAL INC. 398 SOUTH STREET ROCHESTER, MI 48307</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,868.00</u></p>
3.985	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OAKVILLE CUSTOMS BROKERAGE 2406 SPEERS ROAD OAKVILLE, ON L6L 5M2 CANADA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>103.82</u></p>
3.986	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OAKWOOD PRODUCTS P.O. BOX 457 ESTILL, SC 29918</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>27.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.987	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OELHELD U.S., INC. 1100 WESEMANN DRIVE WEST DUNDEE, IL 60118</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,720.00</u></p>
3.988	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OEMETA INC. 5655 W 610 SOUTH SALT LAKE CITY, UT 84104</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>56,260.49</u></p>
3.989	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OERLIKON LEYBOLD VACUUM USA DEPT CH 17723 PALATINE, IL 60055-7723</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,169.32</u></p>
3.990	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OERLIKON METCO 27625 NETWORK PLACE CHICAGO, IL 60673-1276</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>76,282.47</u></p>
3.991	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OHKA AMERICA INC 460 NW BROOKWOOD PARKWAY HILLSBORO, OR 97124</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>23,411.50</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.992	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OHKA AMERICA INC 460 NW BROOKWOOD PARKWAY HILLSBORO, OR 97124</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>6,511.60</u></p>
3.993	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OIL CHEM INC. 711 WEST 12TH STREET FLINT, MI 48503</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>21,662.70</u></p>
3.994	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OLYMPIC SCIENTIFIC INC. 44246 24TH AVE W SEATTLE, WA 98199</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,057.10</u></p>
3.995	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OMEGA ENGINEERING INC 26904 NETWORK PLACE CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>188.44</u></p>
3.996	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OMEGA ENGINEERING, INC. PO BOX 4047 STAMFORD, CT 06907-0047</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,305.28</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.997	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OMEGA ENGINEERING, INC. 26904 NETWORK PLACE CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 105.06</p>
3.998	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OMEGA INDUSTRIAL SUPPLY, INC. 1133 W 27TH STREET CHEYENNE, WY 82001</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 684.00</p>
3.999	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ONAIYEKAN, MICHAEL ADDRESS REDACTED</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 365.28</p>
3.100 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OPTI TEMP INC 484 W.WELCH COURT TRAVERSE CITY, MI 49696</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 112.00</p>
3.100 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OPTI TEMP INC. PO BOX 5246 TRAVERSE CITY, MI 49696</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 334.00</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.			Amount of claim
3.100 2	<b>Nonpriority creditor's name and mailing address</b> OPTI TEMP INC. PO BOX 5246 TRAVERSE CITY, MI 49696	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check	\$ 222.00
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100 3	<b>Nonpriority creditor's name and mailing address</b> OPTI-BLAST, INC. P.O BOX 4738 HOUSTON, TX 77210-4738	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 5,492.50
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100 4	<b>Nonpriority creditor's name and mailing address</b> ORAPI CANADA INC 7521 BOUL HENRI BOURASSA EST MONTREAL, H1E 1N9 CANADA	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 325.36
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100 5	<b>Nonpriority creditor's name and mailing address</b> ORAPI CANADA INC 7521 BOUL HENRI BOURASSA EST MONTREAL, H1E 1N9 CANADA	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check	\$ 162.68
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100 6	<b>Nonpriority creditor's name and mailing address</b> ORISON MARKETING P.O. BOX 5198 ABILENE, TX 79608	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 366.06
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.100 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ORS NASCO 3706 SOLUTIONS CENTER CHICAGO, IL 60677-3007</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 113.78</p>
3.100 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OSBORN PO BOX 930988 ATLANTA, GA 31193-0941</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 15,646.50</p>
3.100 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OTTSEN OIL COMPANY P.O. BOX 1688 CEDAR RAPIDS, IA 52404</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 727.85</p>
3.101 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OTTSEN OIL COMPANY P.O. BOX 1688 CEDAR RAPIDS, IA 52404</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 118.80</p>
3.101 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>OVERHEAD DOOR COMPANY OF AUSTIN</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,469.23</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.101 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PACE TECHNOLOGIES 3601 EAST 34TH STREET TUCSON, AZ 85713</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,650.00</p>
3.101 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PACKAGING SYSTEMS 26435 SUMMIT CIRCLE SANTA CLARITA, CA 91350</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 324.00</p>
3.101 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PACKGEN 65 FIRST FLIGHT DR AUBURN, ME 04211-1970</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,183.60</p>
3.101 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PALM COMMODITIES INTERNATIONAL, LLC 1717 JP HENNESSY DRIVE LAVERGNE, TN 37086</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 53,398.16</p>
3.101 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PALMER HOLLAND DEPT 781606 PO BOX 78000 DETROIT, MI 48278-1606</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 984.90</p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.101 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PARK AEROSPACE TECHNOLOGIES CORP P.O. BOX 392263 PITTSBURGH, PA 15251-9263</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 74,906.11</p>
3.101 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PARK AEROSPACE TECHNOLOGIES CORP P.O. BOX 392263 PITTSBURGH, PA 15251-9263</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 8,860.08</p>
3.101 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PARKER CHOMERICS 7895 COLLECTION CENTER DR CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 3,734.40</p>
3.102 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PARMAN ENERGY CORPORATION P.O. BOX 197557 NASHVILLE, TN 37219-7557</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 71.19</p>
3.102 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PATTONAIR USA, INC. 1999 BRYAN STREET SUITE 900 DALLAS, TX 75201-4234</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 3,316.25</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.102 2	<p><b>Nonpriority creditor's name and mailing address</b> PAYDARFAR INDUSTRIES INC DBA SARATECH</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 7,208.00</p>
3.102 3	<p><b>Nonpriority creditor's name and mailing address</b> PCI SALES &amp; MARKETING, INC. 49 PELHAM ROAD SALEM, NH 03079</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 13,044.74</p>
3.102 4	<p><b>Nonpriority creditor's name and mailing address</b> PCM - IMAGE TEK 280 CLINTON STREET SPRINGFIELD, VT 05156</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 5,623.80</p>
3.102 5	<p><b>Nonpriority creditor's name and mailing address</b> PEGASUS AUTO RACING SUPPLIES, INC</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 20.68</p>
3.102 6	<p><b>Nonpriority creditor's name and mailing address</b> PELGAR USA 215 EVERGREEN CT. SAYLORSBURG, PA 18353</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 8,884.20</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.102 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PELSEAL TECHNOLOGIES, LLC 3161 STATE ROAD, UNIT G BENSALEM, PA 19020</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 282.00</p>
<p>3.102 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PELSIS LLC 712 EXECUTIVE DRIVE PRINCETON, NJ 08540</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 2,964.75</p>
<p>3.102 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PELSIS LLC 135 REGION SOUTH DRIVE, JACKSON, GA 30233</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 54,220.18</p>
<p>3.103 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PENETONE CORPORATION PO BOX 48064 NEWARK, NJ 07101-4864</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 396.00</p>
<p>3.103 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PENN POWER GROUP PO BOX 829798 PHILADELPHIA, PA 19182-9798</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 212,760.00</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.103 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PENNSYLVANIA HAZARDOUS MATERIAL RESPONSE BUREAU OF OCCUPATIONAL &amp; IND HARRISBURG, PA 17106-8571</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 260.00</p>
3.103 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PENNSYLVANIA HAZARDOUS MATERIAL RESPONSE BUREAU OF OCCUPATIONAL &amp; IND HARRISBURG, PA 17106-8571</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 260.00</p>
3.103 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PENSKE TRUCK LEASING CO., L.P CUSTOMER# 35H49400039310 PO BOX 827380 PHILADELPHIA, PA 19182-7380</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 45,529.82</p>
3.103 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PERMA-FLEX MOLD COMPANY 1919 EAST LIVINGSTON AVENUE COLUMBUS, OH 43209</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 180.00</p>
3.103 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PETROCHOICE 1751 W. RAYMOND STREET INDIANAPOLIS, IN 46221</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,388.21</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.103 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PETROCHOICE PO BOX 775112 CHICAGO, IL 60677-5112</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 2,841.94</p>
<p>3.103 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PHARMCO PRODUCTS, INC. DEPT. 267501 PO BOX 67000 DETROIT, MI 48267-2675</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 12,176.80</p>
<p>3.103 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PHIBRO-TECH INC. PO BOX 503778 ST LOUIS, MO 63150</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 30,884.70</p>
<p>3.104 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PHOTO CHEMICAL SYSTEMS PO BOX 856 KNIGHTDALE, NC 27545</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 49,970.53</p>
<p>3.104 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PHOTOTONIC CLEANING TECHNOLOGI PO BOX 435 PLATTEVILLE, WI 53818</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 5,031.00</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.			Amount of claim
3.104 2	<b>Nonpriority creditor's name and mailing address</b> PHOTOTONIC CLEANING TECHNOLOGIES 1895 SHORT LANE PLATTEVILLE, WI 53818	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 634.00
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.104 3	<b>Nonpriority creditor's name and mailing address</b> PILLARHOUSE(USA) INC 201 LIVELY BOULEVARD ELK GROVE VILLAGE, IL 60007	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 161.32
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.104 4	<b>Nonpriority creditor's name and mailing address</b> PILLARHOUSE(USA) INC 201 LIVELY BOULEVARD ELK GROVE VILLAGE, IL 60007	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check	\$ 161.32
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.104 5	<b>Nonpriority creditor's name and mailing address</b> PIONEER EQUIPMENT 3738 E. MIAMI PHOENIX, AZ 85040	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 14,056.51
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.104 6	<b>Nonpriority creditor's name and mailing address</b> PITNEY BOWES LEASING 2225 AMERICAN DRIVE NEENAH, WI 54956	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> Litigation, Case # 2023-02847-CT, PA Common Pleas Ct Chester city	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.104 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PITTSBURGH PAINTS - 9339 PO BOX 536864 ATLANTA, GA 30353-6864</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 468.36</p>
3.104 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PLASMATERIALS, INC. 2268 RESEARCH DRIVE LIVERMORE, CA 94550</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 30,650.00</p>
3.104 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PLASTI DIP INTERNATIONAL INC. 3920 PHEASANT RIDGE RD BLAINE, MN 55449</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,070.76</p>
3.105 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PLATING INTERNATIONAL INC PO BOX 81 BENSENVILLE, IL 60106</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 4,386.75</p>
3.105 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PM PRODUCTS 1701 LAKE ROAD DYERSBURG, TN 38024</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 33,964.35</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.			Amount of claim
3.105 2	<b>Nonpriority creditor's name and mailing address</b> POLYMER CHEMISTRY INNOVATIONS, INC.	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,144.80
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.105 3	<b>Nonpriority creditor's name and mailing address</b> POLYMER INNOVATIONS, INC. 2426 CADES WAY VISTA, CA 92081	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 342.65
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.105 4	<b>Nonpriority creditor's name and mailing address</b> POLYMER INNOVATIONS, INC. 2426 CADES WAY VISTA, CA 92081	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check	\$ 342.65
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.105 5	<b>Nonpriority creditor's name and mailing address</b> POLYMER VALLEY CHEMICALS, INC. 1872 AKRON PENINSULA ROAD AKRON, OH 44313	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,174.00
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.105 6	<b>Nonpriority creditor's name and mailing address</b> POLYMER VALLEY CHEMICALS, INC. 1872 AKRON PENINSULA ROAD AKRON, OH 44313	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check	\$ 1,174.00
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.105 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>POTTERS INDUSTRIES INC. PO BOX 90414 CHICAGO, IL 60696-0414</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>818.68</u></p>
3.105 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>POTTERS INDUSTRIES INC. PO BOX 90414 CHICAGO, IL 60696-0414</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>198.88</u></p>
3.105 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>POWER KLEEN LLC 456 E STATE ST PENDLETON, IN 46064</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>14,376.00</u></p>
3.106 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PPG AEROSPACE BOX 534985 ATLANTA, GA 30353-4985</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>17,771.68</u></p>
3.106 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRAXAIR - CAHOKIA, IL DEPT CH 10660 PALATINE, IL 60055-0660</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>4,145.52</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.106 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRAXAIR DISTRIBUTION INC DEPT 0812 PO BOX 120812 DALLAS, TX 75312-0812</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 410.40</p>
<p>3.106 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRAXAIR DISTRIBUTION INC. PO BOX 120812 DEPT. 0812 DALLAS, TX 75312-0812</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 650,000.00</p>
<p>3.106 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRAXAIR SURFACE TECHNOLOGIES PO BOX 100424 ATLANTA, GA 30384-0424</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 25,315.50</p>
<p>3.106 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRC - DESOTO PO BOX 534985 ATLANTA, GA 30353-4985</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 59,661.32</p>
<p>3.106 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRC-DESOTO INTERNATIONAL PO BOX 534985 ATLANTA, GA 30353-4985</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 521.60</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.106 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRC-DESOTO INTL/DALLAS PO BOX 121059 DEPT. 1059 DALLAS, TX 75312-1059</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 19,730.21</p>
<p>3.106 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRECISION FABRICS GROUP, INC. 301 NORTH ELM STREET GREENSBORO, NC 27401</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 36,138.80</p>
<p>3.106 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRECISION FABRICS GROUP, INC. PO BOX 60944 CHARLOTTE, NC 28260</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 10,680.00</p>
<p>3.107 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRECISION SCALE &amp; CONTROLS, INC. 3501 GRACE AVENUE ST. LOUIS, MO 63116-4712</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 720.00</p>
<p>3.107 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PREFERRED PRODUCTS PO BOX 637116 CINCINNATI, OH 45263-7116</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 8,923.04</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.107 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PREMIUM OIL COMPANY</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>\$ _____ 2,222.00</p>
3.107 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRIVATEER, LTD.                      5 CENTER ROAD WEST                      OLD SAYBROOK, CT 06475</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>\$ _____ 29,326.00</p>
3.107 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRO CHEM INC.                      2319 RIPLEY STREET                      LAKE STATION, IN 46405</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>\$ _____ 495.00</p>
3.107 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PROCESS EQUIPMENT &amp; SUPPLY INC                      31255 LORAIN ROAD                      CLEVELAND, OH 44070</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>\$ _____ 100.00</p>
3.107 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRO-CHEM-CO., INC.                      2319 RIPLEY STREET                      LAKE STATION, IN 46405</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>\$ _____ 50.00</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.107 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRODUCTION TOOL SUPPLY PO BOX 670587 DETROIT, MI 48267-0587</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 367.72</p>
<p>3.107 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRODUCT-SOL PO BOX 884 PORT LAVACA, TX 77979</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 864.00</p>
<p>3.107 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PRO-LINE INDUSTRIAL PRODUCTS 723 W UNIVERSITY AVE SUITE 110-428 GEORGETOWN, TX 78626</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 984.17</p>
<p>3.108 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PROLINE PERFORMANCE, LLC 1500 W. HAMPDEN AVENUE, SUITE 3A/B SHERIDAN, CO 80110</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,120.56</p>
<p>3.108 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PROSTAR SERVICES, INC DBA PARKS COFFEE PO BOX 110209 CAROLLTON, TX 75011-0209</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 394.32</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.108 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PROTECH POWDER COATINGS, INC. PO BOX 824913 PHILADELPHIA, PA 19182-4913</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,037.44</u></p>
<p>3.108 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PROTECTIVE INDUSTRIAL PRODUCTS P.O. BOX 22230 NEW YORK, NY 10087-2230</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>20,456.65</u></p>
<p>3.108 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PROTECTIVE INDUSTRIES- CAPPLUGS 3012 MOMENTUM PLACE CHICAGO, IL 60689-5330</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>89.12</u></p>
<p>3.108 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PROTECTIVE PACKAGING CORP. 1746 CROSBY RD. BUILDING 108 CARROLLTON, TX 75006</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>579.61</u></p>
<p>3.108 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PROTECTIVE PRODUCTS, INC, (FLEXKRET)</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>375.00</u></p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.108 7	<p><b>Nonpriority creditor's name and mailing address</b> PROTECTIVE PRODUCTS, INC, (FLEXKRET</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 375.00</p>
3.108 8	<p><b>Nonpriority creditor's name and mailing address</b> PRO-TEK PRODUCTS, INC. 1755 S. NAPERVILLE ROAD WHEATON, IL 60189</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 11,840.00</p>
3.108 9	<p><b>Nonpriority creditor's name and mailing address</b> PSC RHO-CHEM CORP. 29338 NETWORK PLACE CHICAGO, IL 60673-1293</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 660.00</p>
3.109 0	<p><b>Nonpriority creditor's name and mailing address</b> PTM&amp;W INDUSTRIES 10640 SOUTH PAINTER AVENUE SANTA FE SPRINGS, CA 90670</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 22,043.63</p>
3.109 1	<p><b>Nonpriority creditor's name and mailing address</b> PUREON INC. DEPT # 880427 PO BOX 29650 PHOENIX, AZ 85038-9650</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 27,373.54</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.109 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PVS MINIBULK INC 25210 NETWORK PLACE CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,029.99</u></p>
<p>3.109 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PVS NOLWOOD 25210 NETWORK PLACE CHICAGO, IL 60673-1503</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>23,383.35</u></p>
<p>3.109 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PVS-CDI CHEMICALS INC.</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>7,036.80</u></p>
<p>3.109 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>PYE BARKER FIRE &amp; SAFETY, LLC PO BOX 735358 DALLAS, TX 75373-5358</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>373.67</u></p>
<p>3.109 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>Q SOURCE, INC 227 KNICKERBOCKER AVENUE BOHEMIA, NY 11716</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,640.00</u></p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.109 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>QC LUBRICANTS 7360 MILNOR ST PHILADELPHIA, PA 19136</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 2,445.35</p>
<p>3.109 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>QC LUBRICANTS 7360 MILNOR STREET PHILADELPHIA, PA 19136</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 5,379.00</p>
<p>3.109 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>QC LUBRICANTS -T 7360 MINOR STREET PHILADELPHIA, PA 19136</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 535.00</p>
<p>3.110 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>Q-LAB CORPORATION PO BOX 78000 DEPT 781736 DETROIT, MI 48278-1736</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 152.50</p>
<p>3.110 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>QUAKER CHEMICAL CORPORATION 4040 PAYSHERE CIRCLE CHICAGO, IL, IL 60674</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 155,786.61</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.110 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>QUAKER CHEMICAL, INC. 4040 PAYSHARE CIRCLE CHICAGO, IL 60674</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 59,147.62</p>
<p>3.110 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>QUAKER CITY CHEMICALS 7360 MILNOR ST. PHILADELPHIA, PA 19136-6261</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 734.81</p>
<p>3.110 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>QUAKER CITY CHEMICALS 7360 MILNOR ST PHILADELPHIA, PA 19136</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 5,770.00</p>
<p>3.110 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>QUALICHEM, INC PO BOX 63177 CHARLOTTE, NC 28263-3177</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 23,886.40</p>
<p>3.110 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>QUALITEK INTERNATIONAL, INC. 315 FAIRBANK STREET ADDISON, IL 60101</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 72.20</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.110 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>QUALITY BEARINGS ONLINE LIMITED 5320 E 25TH STREET INDIANAPOLIS, IN 46218</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 260.00</p>
3.110 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>QUALITY BEARINGS ONLINE LIMITED UNIT 4 EDISON BUSINESS CENTRE LEEDS, LS13 4ET UNITED KINGDOM</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 260.00</p>
3.110 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>QUALITY EQUIPMENT DISTRIBUTORS, INC. 3176 ABBOTT ROAD, SUITE 700N ORCHARD PARK, NY 14127</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 40,090.00</p>
3.111 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>QUESTAR PO BOX 7410185 CHICAGO, IL 60674-0185</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 69,367.75</p>
3.111 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>QUICK-WAY MFG. PO BOX 458 EULESS, TX 76039</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 517.40</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.111 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R D ABBOTT CO INC FILE 2223 1801 OLYMPIC BLVD PASADENA, CA 91199-2223</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,361.43</p>
<p>3.111 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 3840 EXECUTIVE WAY MIRAMAR, FL 33025</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 9,301.80</p>
<p>3.111 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 1155 ALLGOOD ROAD SUITE# 5 MARIETTA, GA 30062</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 47,695.21</p>
<p>3.111 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 19 BRIGHAM STREET, UNIT 7A MARLBOROUGH, MA 01752</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 84.44</p>
<p>3.111 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 226-B SHERWOOD AVE FARMINGDALE, NY 11735</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 4,770.43</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.111 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 1612 N. TOPPING AVENUE KANSAS CITY, MO 64120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>27,786.30</u></p>
<p>3.111 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 1100 CORPORATION PKWY SUITE 115 RALEIGH, NC 27610</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>585.68</u></p>
<p>3.111 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 2575 PIONEER AVENUE SUITE 102 VISTA, CA 92081</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,705.64</u></p>
<p>3.112 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 3870 PARIS STREET SUITE# 3 DENVER, CO 80239</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>35,910.94</u></p>
<p>3.112 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 8120 BERRY AVENUE, SUITE C SACRAMENTO, CA 95826</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,261.42</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.112 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 6001 STONINGTON ST HOUSTON, TX 77040</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 431.28</p>
3.112 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 1155 ALLGOOD ROAD MARIETTA, GA 30062</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,310.72</p>
3.112 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 47705 WEST ROAD, SUITE B103 WIXOM, MI 48393</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 70.16</p>
3.112 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 5058 W 79TH ST INDIANAPOLIS, IN 46268</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,718.66</p>
3.112 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 3455 WEST 1820 SOUTH SALT LAKE CITY, UT 84104</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,461.10</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.112 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 31200 SOLON ROAD, UNIT 14 SOLON, OH 44139</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>54.58</u></p>
<p>3.112 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 3320 VINELAND ROAD SUITE C ORLANDO, FL 32811</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>2,248.73</u></p>
<p>3.112 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 10639 GLENOAKS BLVD PACOIMA, CA 91331</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>449.12</u></p>
<p>3.113 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 750 ROYAL LANE, SUITE 100 P.O. BOX 610323 DFW AIRPORT, TX 75261</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>111,586.80</u></p>
<p>3.113 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 11010 89TH AVENUE NORTH MAPLE GROVE, MN 55369</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>101.25</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.113 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 307 EAST NORTH AVENUE CAROL STREAM, IL 60188</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 271.51</p>
<p>3.113 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 7031 SOUTH 193RD STREET KENT, WA 98032</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 44.60</p>
<p>3.113 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R S HUGHES - LTA 289 CAHABA VALLEY PARKWAY N PELHAM, AL 35124</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 3,185.83</p>
<p>3.113 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R&amp;R LOTION INC. 15547 NORTH 77TH STREET SCOTTSDALE, AZ 85260</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 2,009.00</p>
<p>3.113 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>R.W. DAVIS OIL CO, INC 4383 LILBURN INDUSTRIAL WAY LILBURN, GA 30047</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 10,578.60</p>



Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.113 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RAAB SALES 14521 W 96TH TERRACE LENEXA, KS 66215</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 965.00</p>
<p>3.113 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RADCO INDUSTRIES, INC. 700 KINGSLAND DRIVE BATAVIA, IL 60510</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 47,173.04</p>
<p>3.113 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RADCO INDUSTRIES, INC. 700 KINGSLAND DRIVE BATAVIA, IL 60510-1928</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 45,492.04</p>
<p>3.114 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RAISE3D TECHNOLOGIES 43 TESLA IRVINE, CA 92618</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 998.27</p>
<p>3.114 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RAMOS OIL INC PO BOX 401 WEST SACRAMENTO, CA 95691</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 934.56</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.114 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RAMOS OIL INC PO BOX 401 WEST SACRAMENTO, CA 95691</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 934.56</p>
3.114 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RAMSEY OIL RAMSEY OIL COMPANY PO BOX 3070 HUTCHINSON, KS 67504</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 971.67</p>
3.114 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RANDOLPH PRODUCTS COMPANY 33 HAYNES CIRCLE CHICOPEE, MA 01020</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 194,984.50</p>
3.114 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RANDSTAD PROFESSIONALS PO BOX 7247-6655 PHILADELPHIA, PA 19170-6655</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 5,339.20</p>
3.114 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RAPID ELECTROPLATING PROCESS, INC. 2901 WEST SOFFEL AVENUE MELROSE PARK, IL 60160</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 288.80</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.114 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RAYCHEM SUPPLY 8000 RESEARCH FOREST DR SUITE 115-133 THE WOODLANDS, TX 77382</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 571.36</p>
<p>3.114 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>REAGENTS, INC. PO BOX 95429 CHICAGO, IL 60694-5429</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 63.49</p>
<p>3.114 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RED BALL OXYGEN COMPANY INC PO BOX 669131 DALLAS, TX 75266-9131</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 105.50</p>
<p>3.115 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>REDUX TECHNOLOGY A DIVISION OF AZURE WAT 280 CALLEGARI DRIVE WEST HAVEN, CT 06516</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,765.40</p>
<p>3.115 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>REFRIGERATION SUPPLIES DISTRIBUTOR</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 103.92</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.115 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RELIANCE SPECIALTY PRODUCTS INC 154 EASY STREET CAROL STREAM, IL 60188</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4,180.00</u></p>
<p>3.115 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RELIANT ALUMINUM PRODUCTS, LL 520 TOWNSENDAVE HIGH POINT, NC 27261-2364</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>777.04</u></p>
<p>3.115 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RELTEK LLC 2345 CIRCADIAN WAY SANTA ROSA, CA 95407</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>13,751.00</u></p>
<p>3.115 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>REM CHEMICALS, INC 325 WEST QUEEN STREET SOUTHINGTON, CT 06489</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>28,449.30</u></p>
<p>3.115 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>REMA TIP TOP, N/A PO BOX 76 NORTHVALE, NJ 07647</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,501.48</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.115 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>REMX PO BOX 102332 ATLANTA, GA 30368-2332</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,895.73</u></p>
<p>3.115 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RESEARCH SOLUTIONS GROUP, INC</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,160.00</u></p>
<p>3.115 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RESIN TECH 131 BUSINESS CENTER DR ORMOND BEACH, FL 32174</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>200.00</u></p>
<p>3.116 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RESIN TECH 131 BUSINESS CENTER DR ORMOND BEACH, FL 32174</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>200.00</u></p>
<p>3.116 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RESINTECH, INC. 160 COOPER ROAD WEST BERLIN, NJ 08091</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>300.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.116 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RES-KEM CORPORATION PO BOX 415975 BOSTON, MA 02241-5975</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>747.52</u></p>
<p>3.116 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RES-KEM CORPORATION PO BOX 415975 BOSTON, MA 02241-5975</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>747.52</u></p>
<p>3.116 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>REXEL, INC. PO BOX 844519 DALLAS, TX 75284-4519</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>192.09</u></p>
<p>3.116 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>REXEL, INC. PO BOX 844519 DALLAS, TX 75284-4519</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>115.47</u></p>
<p>3.116 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>REYNOLDS ADVANCED MATERIALS 1000 TRADEPORT BLVD STE 1011 ATLANTA, GA 30354</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>20.10</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.116 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>REYNOLDS ADVANCED MATERIALS 1000 TRADEPORT BLVD STE 1011 ATLANTA, GA 30354</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>20.10</u></p>
<p>3.116 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>REYNOLDS ADVANCED MATERIALS INC 13700 DIPLOMAT DRIVE FARMERS BRANCH, TX 75234</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>138.25</u></p>
<p>3.116 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RGA ARCHITECTS, INC.</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>17,237.50</u></p>
<p>3.117 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RHINEHART OIL CO., LLC PO BOX 22030 SALT LAKE, UT 84122</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>42,221.97</u></p>
<p>3.117 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RILCO INC 3501 69TH AVE MOLINE, IL 61265</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>38,917.71</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.117 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>RIVERSIDE CHEMICAL COMPANY PO BOX 197 N. TONAWANDA, NY 14120-0197</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 152.00</p>
3.117 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ROBERT MCKEOWN CO INC 111 CHAMBERS-BROOK ROAD BRANCHBURG, NJ 08876</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,606.30</p>
3.117 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ROBERT MCKEOWN COMPANY, INC. 111 CHAMBERS BROOK ROAD BRANCHBURG, NJ 08876</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,559.40</p>
3.117 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ROBERTS CHEMICAL 330 B VICTOR ROAD ATTLEBORO, MA 02703</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,284.81</p>
3.117 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ROBERTS OXYGEN COMPANY, INC. PO BOX 5507 ROCKVILLE, MD 20855</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 42,868.00</p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.117 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>ROCK VALLEY OIL AND CHEMICAL 1911 WINDSOR ROAD ROCKFORD, IL 61111</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 28,500.50</p>
<p>3.117 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>ROCKWELL LABS LTD 1257 BEDFORD AVENUE NORTH KANSAS CITY, MO 64116</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 454,505.89</p>
<p>3.117 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>ROCKY MOUNTAIN AIR SOLUTIONS DEPT. 78716 PO BOX 78000 DETROIT, MI 48278-0716</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 3,563.41</p>
<p>3.118 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RODECO COMPANY INC 5811 ELWIN BUCHANAN DRIVE SANFORD, NC 27330</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 900.00</p>
<p>3.118 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>ROGERS CORPORATION ( FORMERLY ARLON SILI 26995 NETWORK PLACE CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 75,824.91</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.118 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>ROY SMITH COMPANY P.O. BOX 734672 DALLAS, TX 75373-4672</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 117,425.72</p>
<p>3.118 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>ROY SMITH COMPANY PO BOX 802576 CHICAGO, IL 60680-2576</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 6,694.33</p>
<p>3.118 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>ROYCO PACKAGING INC 3979 MANN ROAD HUNTINGDON VALLEY, PA 19006</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 464.00</p>
<p>3.118 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RPM TECHNOLOGY, LLC PO BOX 33186 RENO, NV 89533-3186</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 321.71</p>
<p>3.118 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RS HUGHES - KANSAS CITY 3870 PARIS STREET DENVER, CO 80239</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 5,494.13</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.118 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RS HUGHES INC 8120 BERRY AVE, SUITE C SACRAMENTO, CA 95828</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 3,373.67</p>
<p>3.118 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RS HUGHES INC. 236 EAST PIMA ST PHOENIX, AZ 85004</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 35,957.52</p>
<p>3.118 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RS HUGHES INC. 2624 LORD BALTIMORE DR #H BALTIMORE, MD 21244</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 81,337.04</p>
<p>3.119 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RS HUGHES-UTAH 1162 SONORA COURT SUNNYVALE, CA 94086</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 8.33</p>
<p>3.119 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RS HUGHES-UTAH 8173-A BELVEDERE AVE SACRAMENTO, CA 95826</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 82.90</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.119 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RV-TECH INC. 745 PROSPECT STREET MAPLEWOOD, NJ 07040</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 2,252.64</p>
<p>3.119 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>RYAN-HERCO CORP. P.O. BOX 74007459 CHICAGO, IL 60674-7459</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 167.03</p>
<p>3.119 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>S O T ABRASIVES &amp; EQUIPMENT 3816 BINZ ENGLEMAN ROAD SAN ANTONIO, TX 78219</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 725.91</p>
<p>3.119 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>S.L. MUNSON &amp; COMPANY 1404 OLD DAIRY DR. COLUMBIA, SC 29201</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 33,025.88</p>
<p>3.119 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SAFETY KLEEN PO BOX 975201 DALLAS, TX 75397-5201</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 44,153.16</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.119 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SAFETY KLEEN PO BOX 975201 DALLAS, TX 75397-5201</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 39,262.18</p>
<p>3.119 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SAF-T-LOK INTERNATIONAL CORP. 300 EISENHOWER LANE NORTH LOMBARD, IL 60148-5405</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 2,011.45</p>
<p>3.119 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SAINT GOBAIN ABRASIVES, INC. PO BOX 29283 NEW YORK, NY 10087-9283</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 214.80</p>
<p>3.120 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SAINT GOBAIN INNOVATIVE ORGANICS 4905 EAST HUNTER AVENUE ANIHEIM, CA 92807</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 31,342.56</p>
<p>3.120 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SALEM DISTRIBUTING CO INC POST OFFICE BOX 936050 ATLANTA, GA 31193-6050</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 308.77</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.120 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SALES &amp; SERVICE INC (SSI DISTRIBUTI 4883 E. LAPALMA AVE, UNIT 505 ANAHEIM, CA 92807</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,803.60</p>
3.120 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SALES &amp; SERVICE INC (SSI DISTRIBUTI 4883 E. LAPALMA AVE, UNIT 505 ANAHEIM, CA 92807</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,803.60</p>
3.120 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SAMSCO CORPORATION 837 EAST 79TH STREET CLEVELAND, OH 44103</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 920.00</p>
3.120 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SANDSTROM PO BOX 547 PORT BYRON, IL 61275-0547</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 13,347.11</p>
3.120 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SANI-BLAST INC 6409 GOODRICH AVE. MINNEAPOLIS, MN 55426</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,230.75</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.120 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SANICO, INC. PO BOX 2037 BINGHAMTON, NY 13902</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,585.61</p>
3.120 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SANTIE OIL 126 LARCEL DRIVE SIKESTON, MO 63801-1108</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 20,496.26</p>
3.120 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SARASOTA PAINT COMPANY, INC. 2088 12TH STREET SARASOTA, FL 34237</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,192.37</p>
3.121 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SASCO CHEMICAL GROUP INC. 827 PINE AVE. ALBANY, GA 31701</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,069.00</p>
3.121 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SATISLOH NORTH AMERICA, INC N116W18111 MORSE DRIVE GERMANTOWN, WI 53022</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 476.20</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.121 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SATURN POLYMERS 3718 HIGHWAY 90 LIBERTY, TX 77575</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,518.00</p>
3.121 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SAUEREISEN 160 GAMMA DRIVE PITTSBURGH, PA 15238-2989</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 547.61</p>
3.121 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SAUNDERS CORP 1152 N. MAIN STREET LOMBARD, IL 60148</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,429.10</p>
3.121 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SCANA ENERGY PO BOX 105046 ATLANTA, GA 30348-5046</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 423.06</p>
3.121 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SCIENTIFIC SOLUTIONS 3716 MODLIN AVENUE FORT WORTH, TX 76107</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,296.00</p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.121 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SCP SCIENCE P.O. BOX 3221 CHAMPLAIN, NY 12919</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 789.90</p>
3.121 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SEACOLE-CRC LLC 13505 INDUSTRIAL PARK BLVD PLYMOUTH, MN 55441-3740</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 140.32</p>
3.121 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SEACOLE-CRC, LLC. 702 S. 7TH STREET, DELANO, MN 55328</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 451.55</p>
3.122 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SEAGRAVE COATINGS CO 320 PATERSON PLANK ROAD CARLSTADT, NJ 07072</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,580.70</p>
3.122 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SEAGRAVE COATINGS CO 320 PATERSON PLANK ROAD CARLSTADT, NJ 07072</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,580.70</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.122 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SEAL IT SERVICES INC 3301 INDUSTRIAL DRIVE SANFORD, NC 27332</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 735.10</p>
<p>3.122 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SEA-LAND CHEMICAL CO. PO BOX 75730 CLEVELAND, OH 44101</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 12,894.56</p>
<p>3.122 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SEALED AIR CORP 26077 NETWORK PLACE CHICAGO, IL 60673-1260</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 54,659.58</p>
<p>3.122 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SEALED AIR CORPORATION 26077 NETWORK PLACE CHICAGO, IL 60673-1260</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 45,393.53</p>
<p>3.122 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SEALED AIR CORPORATION 26077 NETWORK PLACE CHICAGO, IL 60673-1260</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 22,686.97</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.122 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SEASTAR CHEMICALS 2061 HENRY AVENUE WEST SIDNEY, BC V8L 5Z6 CANADA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 33,034.75</p>
3.122 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SEIDLER CHEMICAL COMPANY PO BOX 77096 CLEVELAND, OH 44194-7096</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,147.80</p>
3.122 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SENERGY PETROLEUM LLC PO BOX 208399 DALLAS, TX 75320-8399</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 45,950.58</p>
3.123 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SENTINEL FIRE EQUIPMENT CO., INC.</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 321.00</p>
3.123 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SEPARATION TECHNOLOGISTS INC 7A RAYMOND AVE, STE 7 SALEM, NH 03079</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 16,854.90</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.123 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SERVICE TECHNOLOGIES &amp; FILTRATION INC PO BOX 117 BIRCH RUN, MI 48415</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>531.55</u></p>
<p>3.123 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SHARE CORPORATION P.O. BOX 8867 CAROL STREAM, IL 60197-8867</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>513.50</u></p>
<p>3.123 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SHELTON'S WATER INC 2708 RANDOL MILL ROAD ARLINGTON, TX 76011</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>433.00</u></p>
<p>3.123 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SHEPPARD ENTERPRISES, INC P.O. BOX 1057 OAKS, PA 19456</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>377.12</u></p>
<p>3.123 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SHER-FAB UNLIMITED INC 1740 E.MONTICELLO CT ONTARIO, CA 91761</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,136.86</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.			Amount of claim
3.123 7	<b>Nonpriority creditor's name and mailing address</b> SHER-FAB UNLIMITED INC 1740 E.MONTICELLO CT ONTARIO, CA 91761  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 2,194.42
3.123 8	<b>Nonpriority creditor's name and mailing address</b> SHER-FAB UNLIMITED INC. 1526 CROWN ST. REDLANDS, CA 92373  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 6,996.05
3.123 9	<b>Nonpriority creditor's name and mailing address</b> SHER-FAB UNLIMITED INC. 1526 CROWN ST. REDLANDS, CA 92373  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 3,654.30
3.124 0	<b>Nonpriority creditor's name and mailing address</b> SHERWIN WILLIAMS 400 PRODUCTION AVE MADISON, AL 35758  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 1,747.76
3.124 1	<b>Nonpriority creditor's name and mailing address</b> SHERWIN WILLIAMS AEROSPACE COA 415 EAST COMMERCE ANDOVER, KS 67002  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____ 30,734.40

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.124 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SHERWIN WILLIAMS PRODUCT FINISHES PHOENI 1515 E HADLEY ST. #110 PHOENIX, AZ 85034</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>2,696.49</u></p>
<p>3.124 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SHERWIN WILLIAMS/DIV BRND P.O. BOX 198050 ATLANTA, GA 30384-8050</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>160.20</u></p>
<p>3.124 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SHOPPA'S MATERIAL HANDLING, LTD. PO BOX 612027 DALLAS, TX 75261-2027</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,585.78</u></p>
<p>3.124 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SHORR PACKAGING CORPORATION PO BOX 773252 AURORA, IL 60677-3252</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>15,176.10</u></p>
<p>3.124 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SHOWA DENKO AMERICA, INC. 7875 SOLUTION CENTER CHICAGO, IL 60677-7008</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>46,480.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.124 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SHOWA DENKO AMERICA, INC. PO BOX 277693 ATLANTA, GA 30384-7693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>13,280.00</u></p>
3.124 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SHPP US LLC P.O. BOX 734578 CHICAGO, IL 60673-4578</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>41,617.60</u></p>
3.124 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SHREDIT USA LLC 28883 NETWORK PLACE CHICAGO, IL 60673-1288</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>390.76</u></p>
3.125 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SIFCO APPLIED SURFACE CONCEPTS, LLC 5708 E. SCHAAF RD INDEPENDENCE, OH 44131-1394</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>71,055.63</u></p>
3.125 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SIGMA ALDRICH CHEMICAL CO INC PO BOX 734283 CHICAGO, IL 60673-4283</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>45,333.67</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.125 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SIGMA ALDRICH INC PO BOX 734283 CHICAGO, IL 60673-4283</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 30,356.88</p>
<p>3.125 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SIGMA ALDRICH INC PO BOX 535182 ATLANTA, GA 30353-5182</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 128.54</p>
<p>3.125 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SIKA ADVANCED RESINS US 201 POLITO AVE LYNDHURST, NJ 07071</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 8,991.38</p>
<p>3.125 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SIKA ADVANCED RESINS US PO BOX 36102 NEWARK, NJ 07188</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 4,713.92</p>
<p>3.125 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SILICONE SOLUTIONS 338 REMINGTON RD CUYAHOGA, OH 44224</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 347.25</p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.125 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SIL-MID LIMITED 2 ROMAN PARK COLESHILL, B46 1HG UNITED KINGDOM</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,531.73</u></p>
<p>3.125 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SINGLE SOURCE INC. PO BOX 204383 DALLAS, TX 75320-4383</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,234.40</u></p>
<p>3.125 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SINGLE SOURCE INC. 416 S. SAINT FRANCIS ST. WICHITA, KS 67202</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,729.60</u></p>
<p>3.126 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SKYMART SALES CORPORATION PO BOX 522007 MIAMI, FL 33152</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>494.54</u></p>
<p>3.126 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SKYMART SALES CORPORATION PO BOX 522007 MIAMI, FL 33152</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>494.54</u></p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.126 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SL FUSCO FEDERAL TAXPAYER ID 95-1998584 COMPTON, CA 90224</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 332.16</p>
3.126 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SMARTSOL TECHNOLOGIES S DE RL DE CV 3048 E BASELINE RD STE 123 MESA, AZ 85204</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,751.80</p>
3.126 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SMARTSOL TECHNOLOGIES S DE RL DE CV 3048 E BASELINE RD STE 123 MESA, AZ 85204</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 237.64</p>
3.126 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SO CLEAN SOLUTIONS, LLC. 5804 ELAINE DR STE 101 ROCKFORD, IL 61108</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,331.60</p>
3.126 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOLEPOXY, INC 211 FRANKLIN STREET OLEAN, NY 14760</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,675.00</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.126 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOLO HORTON BRUSHES, INC. PO BOX 478 WINSTED, CT 06098</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,566.72</p>
3.126 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOLVENTS &amp; PETROLEUM 1405 BREWERTON RD SYRACUSE, NY 13208</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 14,963.70</p>
3.126 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOURCETECH CHEMICAL &amp; SUPPLY 2164 E. ALLEN RD HOWELL, MI 48855</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 713.90</p>
3.127 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOURCETECH CHEMICAL &amp; SUPPLY 2164 E. ALLEN RD HOWELL, MI 48855</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 713.90</p>
3.127 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOUTHERN COUNTIES LUBRICANTS PO BOX 5765 ORANGE, CA 92863-5765</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 985.60</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.127 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOUTHERN COUNTIES LUBRICANTS PO BOX 5765 ORANGE, CA 92863-5765</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 985.60</p>
3.127 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOUTHWEST ENGINEERS PO BOX 2499 SLIDELL, LA 70459</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 19,815.25</p>
3.127 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SOUTHWESTERN SCALE COMPANY, INC. PO BOX 8760 PHOENIX, AZ 85066</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 770.46</p>
3.127 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPARTAMAX DEFENSE, INC</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 11,125.20</p>
3.127 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPECIALIZED PETROLEUM SVC PO BOX 198 NORTH LIBERTY, IA 52317</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 214.80</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.127 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPECIALIZED PRODUCTS COMPANY PO BOX 201546 DALLAS, TX 75320-1546</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 50.40</p>
3.127 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPECIALTY ADHESIVES, INC P.O. BOX 1605 PELHAM, AL 35124</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 47,553.97</p>
3.127 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPECIALTY COATING SYSTEMS 3806 SOLUTIONS CENTER CHICAGO, IL 60677-3008</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 104,964.00</p>
3.128 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPECIALTY COATING SYSTEMS 7645 WOODLAND DRIVE INDIANAPOLIS, IN 46728</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 37,737.00</p>
3.128 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPECIALTY COATINGS AND CHEMICALS P.O. BOX 32459 LOS ANGELES, CA 90032</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 100.78</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.128 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPECIALTY COATINGS INC. 33835 KELLY ROAD FRASER, MI 48026</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 127.00</p>
3.128 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPECIALTY POLYMERS &amp; SERVICES 27822 FREMONT COURT VALENCIA, CA 91355</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 147,904.43</p>
3.128 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPECIALTY TAPES PO BOX 310669 DES MOINES, IA 50331-0669</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,925.00</p>
3.128 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPECTRUM CHEMICAL MANUFACTURING P.O. BOX 740895 LOS ANGELES, CA 90074-0894</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 779.20</p>
3.128 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPECTRUM COATINGS 217 CHAPMAN STREET PROVIDENCE, RI 02905</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 26,730.98</p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.128 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPECTRUM LABORATORY PRODUCTS INC P.O. BOX 740894 LOS ANGELES, CA 90074-0894</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 61,930.35</p>
<p>3.128 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SPRAYLAT CORP</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 3,915.45</p>
<p>3.128 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SRA SOLDERING PRODUCTS 24 WALPOLE PARK SOUTH SUITE# 10 WALPOLE, MA 02081</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 92.90</p>
<p>3.129 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>STABOND CORP 1722 W. 139TH STREET GARDENA, CA 90249-3004</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 18,463.28</p>
<p>3.129 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>STABOND CORP 1722 W. 139TH STREET GARDENA, CA 90249-3004</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 17,497.96</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.129 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>STAG ENTERPRISES P O BOX 4457 CANTON, GA 30114</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>3,107.47</u></p>
<p>3.129 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>STAR METAL FLUIDS PO BOX 11330 GLENDALE, AZ 85318</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>15,877.77</u></p>
<p>3.129 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>STARFIRE SYSTEMS INC 5319 16TH AVENUE, SUITE B BROOKLYN, NY 11204</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>59,970.00</u></p>
<p>3.129 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>STATE CHEMICAL MANUFACTURING PO BOX 844284 BOSTON, MA 02284-4284</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>5,807.00</u></p>
<p>3.129 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>STELLAR SOLUTIONS, INC. 4511 PRIME PARKWAY MCHENRY, IL 60050</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>740.00</u></p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.129 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>STEPHEN GOULD CORPORATION P.O. BOX 419816 BOSTON, MA 02241-9816</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 21,898.00</p>
<p>3.129 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>STEPHEN GOULD CORPORATION 35 SOUTH JEFFERSON ROAD WHIPPANY, NJ 07981</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 8,637.00</p>
<p>3.129 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>STERIS CORPORATION PO BOX 644063 PITTSBURGH, PA 15264</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 10,205.29</p>
<p>3.130 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>STERLING INTERNATIONAL, INC 3808 N. SULLIVAN ROAD, BLDG 16 SPOKANE, WA 99216</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 8,506.00</p>
<p>3.130 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>STERLING LACQUER MANUFACTURER 3150 BRANNON AVENUE SAINT LOUIS, MO 63139</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 8,496.75</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.130 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STEWART LAIP 3450 JAMUL VISTAS DR. JAMUL, CA 91935</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 38,122.96</p>
3.130 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STOCKMAN OIL COMPANY P.O. BOX 601872 CHARLOTTE, NC 28260</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,124.64</p>
3.130 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STOCKWELL RUBBER COMPANY, INC 4749 TOLBUT ST. PHILADELPHIA, PA 19136</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 11,531.20</p>
3.130 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STONER INC. 1070 ROBERT FULTON HWY PO BOX 65 QUARRYVILLE,, PA 17566</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,406.63</p>
3.130 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STOUGH TOOL SALES PO BOX 140488 BROKEN ARROW, OK 74014</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 6,274.29</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.130 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STRATASYS, INC 28043 NETWORK PLACE CHICAGO, IL 60673-1280</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>74,821.00</u></p>
3.130 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STRATUS TECHNOLOGIES 10 BEAUMONT ROAD WALLINGFORD, CT 06492-2455</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>258.40</u></p>
3.130 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STRATUS TECHNOLOGIES 10 BEAUMONT RD WALLINGFORD, CT 06492</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,552.20</u></p>
3.131 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STRATUS TECHNOLOGIES 50 CAPITAL DRIVE WALLINGFORD, CT 06492</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,773.20</u></p>
3.131 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>STREM CHEMICALS INC. 7 MULLIKEN WAY NEWBURY PORT, MA 01950</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>75,315.05</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.131 2	<b>Nonpriority creditor's name and mailing address</b> STRUERS INC. PO BOX 945540 ATLANTA, GA 30394-5540	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>14,029.00</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131 3	<b>Nonpriority creditor's name and mailing address</b> STUTTON CORP. PO BOX 2367 PASCAGOULA, MS 39569	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>27,020.40</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131 4	<b>Nonpriority creditor's name and mailing address</b> SUEZ WTS USA, INC. P.O. BOX 281729 ATLANTA, GA 30384-1729	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>79.32</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131 5	<b>Nonpriority creditor's name and mailing address</b> SUMMIT LUBRICANTS 4D TREADEASY AVE BATAVIA, NY 14020	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>52,778.14</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131 6	<b>Nonpriority creditor's name and mailing address</b> SUNNEN PRODUCTS CO PO BOX 775304 CHICAGO, IL 60677-5304	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ <u>19,129.00</u>
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.131 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SUPERCO/VALENCIA PO BOX 19569 ATLANTA, GA 30325-0569</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 14,807.60</p>
<p>3.131 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SUPPLY PRO P.O. BOX 7410079 CHICAGO, IL 60674-5079</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 3,492.28</p>
<p>3.131 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SURFACE PREPARATION-TEXAS, LLC 9000 BYRON COMMERCE DR SW BYRON CENTER, MI 49315</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 86.00</p>
<p>3.132 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SURFACEPREP PO BOX 361128 INDIANAPOLIS, IN 46236</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 41,314.29</p>
<p>3.132 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>SWIC CHEMICAL 19840 F.M. 2252 SAN ANTONIO, TX 78266</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 9,123.34</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.132 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SWIC CHEMICAL 19840 F.M. 2252 SAN ANTONIO, TX 78266</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 6,938.24</p>
3.132 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SWIFT OFFICE SOLUTIONS 2429 W 12TH STREET STE 6 TEMPE, AZ 85281</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 826.80</p>
3.132 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>SYRACUSE SUPPLY 43 COUNTY ROUTE 59 PHOENIX, NY 13135</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 108,961.50</p>
3.132 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TACONIC PO BOX 69 PETERSBURGH, NY 12138</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,412.12</p>
3.132 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TAIYO AMERICA, INC 2675 ANTLER DRIVE CARSON CITY, NV 89701</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,027.84</p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.132 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TALLEN DRUM COMPANY PO BOX 675 LOWELL, NC 28098</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 695.00</p>
<p>3.132 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TANNER INDUSTRIES INC. PO BOX 536300 PITTSBURGH, PA 15253-5904</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 15,118.70</p>
<p>3.132 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TAYLOR ENTERPRISES 2586 SOUTHPORT ROAD SPARTANBURG, SC 29302</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 321.78</p>
<p>3.133 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TAYLOR TECHNOLOGIES 31 LOVETON CIRCLE SPARKS, MD 21152</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 233.76</p>
<p>3.133 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TBM INC/502426 8506 HERRINGTON CT. PEVELY, MO 63070</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,956.48</p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.133 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TBM, INC. 8506 HERRINGTON CT. PEVELY, MO 63070</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 5,489.25</p>
3.133 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TBM, INC. 8506 HERRINGTON CT. PEVELY, MO 63070</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 4,912.50</p>
3.133 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TC SPECIALTIES, INC 460 INDUSTRIAL WAY PLACENTIA, CA 92870</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 8,738.00</p>
3.133 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TCR INDUSTRIES 26 CENTERPOINTE DRIVE LA PALMA, CA 90623</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 44,258.40</p>
3.133 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECH CHEM LTD PO BOX 778828 CHICAGO, IL 60677-8828</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 21,252.97</p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.133 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECHNI- TOOL P.O. BOX 515047 LOS ANGELES, CA 90051</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>6,659.65</u></p>
<p>3.133 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECHNIC 1170 HAWK CIRCLE ANAHEIM, CA 92807</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>15,136.93</u></p>
<p>3.133 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECHNIC INC ATTN: ACCOUNTS RECEIVABLE PO BOX 9650 PROVIDENCE, RI 02940-9650</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>218,341.97</u></p>
<p>3.134 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECHNIC INC 47 MOLTER STREET CRANSTON, RI 02910-2890</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>28,945.03</u></p>
<p>3.134 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECHNIC INC. PO BOX 9650 PROVIDENCE, RI 02940-9650</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>340,373.31</u></p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.134 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECHNIC, INC. PO BOX 9650 PROVIDENCE, RI 02940-9650</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 12,618.27</p>
<p>3.134 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECHNIC, INC. 1170 HAWK CIRCLE ATTN: ACCOUNTS PAYABLE ANAHEIM, CA 92807</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 58,179.52</p>
<p>3.134 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECHNICA USA 2431 ZANKER ROAD SAN JOSE, CA 95131</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 405.00</p>
<p>3.134 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECHNICAL HOT &amp; COLD</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 19,259.40</p>
<p>3.134 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECHNI-TOOL INC PO BOX 735213 DALLAS, TX 75373-5213</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 80,289.38</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.134 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECHNI-TOOL INC 10935 ALDER CIRCLE DALLAS, TX 75238</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 49,400.13</p>
<p>3.134 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECHNOLOGY MARKETING, INC 6122 STRATLER STREET SALT LAKE CITY, UT 84107-6984</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,080.08</p>
<p>3.134 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TECTON SERVICES, LLC</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 8,326.59</p>
<p>3.135 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TEKNA ADVANCED MATERIALS INC 2895 INDUSTRIAL BOULEVARD SHERBROOKE, QC J1L 2T9 CANADA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 11,195.00</p>
<p>3.135 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TEKNIPURE, LLC P.O. BOX 7410244 CHICAGO, IL 60674</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 31,481.68</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.135 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TEM TEX SOLVENTS CORP 4208 SOUTH GENERAL BRUCE DRIVE TEMPLE, TX 76502-4836</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>976.50</u></p>
<p>3.135 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TEM TEX SOLVENTS CORP 4206 S GENERAL BRUCE DRIVE TEMPLE, TX 76502</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>27,354.94</u></p>
<p>3.135 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TENAX FINISHING PRODUCTS 390 ADAMS STREET NEWARK, NJ 07114</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>5,215.25</u></p>
<p>3.135 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TENNANT SALES &amp; SERVICE PO BOX 71414 CHICAGO, IL 60694-1414</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,778.82</u></p>
<p>3.135 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TEST EQUIPMENT DISTRIBUTORS / TRONIS PO BOX 675183 DETROIT, MI 48267-5183</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,821.32</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.135 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TESTEQUITY LLC PO BOX 515047 LOS ANGELES, CA 90051-5047</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>34,574.39</u></p>
3.135 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TETRA TECHNOLOGIES INC. PO BOX 841185 DALLAS, TX 75284-1185</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>18,001.61</u></p>
3.135 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TEXAS MOTIVE SOLUTIONS 603 E BELKNAP STREET FORT WORTH, TX 76102</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>638.68</u></p>
3.136 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TEXSTARS, INC PO BOX 534985 ATLANTA, GA 30353-4985</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>78,720.00</u></p>
3.136 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THATCHER COMPANY P. O. BOX 27407 SALT LAKE CITY, UT 84127</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5.00</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.136 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>THE CARY COMPANY 1195 FULLERTON AVENUE ADDISON, IL 60101</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 684.61</p>
<p>3.136 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>THE DURKIN CO. 4 TOWER FARM ROAD BILLERICA, MA 01821</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 36,288.31</p>
<p>3.136 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>THE JANKOVICH COMPANY PO BOX 849904 LOS ANGELES, CA 90084-9904</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 47,921.20</p>
<p>3.136 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>THE LECTROETCH COMPANY 5342 EVERGREEN PKWY. SHEFFIELD VILLAGE, OH 44054</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 60.00</p>
<p>3.136 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>THE ROBERTS GROUP, INC. PO BOX 5810 HUNTSVILLE, AL 35814</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 59.37</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.136 7	<b>Nonpriority creditor's name and mailing address</b> THERMA-STOR PO BOX 775584 CHICAGO, IL 60677-5584	<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> Trade Payable	\$ _____ 36,099.00
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.136 8	<b>Nonpriority creditor's name and mailing address</b> THERMO COTE 2311 23RD AVENUE ROCKFORD, IL 61104	<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> Trade Payable	\$ _____ 2,980.00
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.136 9	<b>Nonpriority creditor's name and mailing address</b> THERMO ELECTRON NORTH AMERICA, LLC PO BOX 742775 ATLANTA, GA 30374-2775	<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> Trade Payable	\$ _____ 2,021.00
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.137 0	<b>Nonpriority creditor's name and mailing address</b> THERMO FISHER SCIENTIFIC CHEM P.O. BOX 3648 ACCT# 806025-020 BOSTON, MA 02241-3648	<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> Trade Payable	\$ _____ 570.88
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.137 1	<b>Nonpriority creditor's name and mailing address</b> THERMO FISHER SCIENTIFIC CHEM 2 RADCLIFF ROAD TEWKSBURY, MA 01876	<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> Trade Payable	\$ _____ 2,467.96
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.137 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THERMO FISHER SCIENTIFIC CHEM P.O. BOX 3648 ACCT# 806025-020 BOSTON, MA 02241-3648</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,819.50</p>
3.137 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THERMO FISHER SCIENTIFIC CHEM, INC DBA A PO BOX 744488 ATLANTA, GA 30374-4488</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 871.90</p>
3.137 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THOMAS SCIENTIFIC PO BOX 536750 PITTSBURGH, PA 15253-5909</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 7,540.42</p>
3.137 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THOMAS SCIENTIFIC 1654 HIGH HILL ROAD SWEDESBORO, NJ 08085</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,150.00</p>
3.137 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>THREE BOND INTERNATIONAL INC. P.O. BOX 637786 CINCINNATI, OH 45263</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,560.00</p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.137 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TILLEY CHEMICAL CO. PO BOX 825600 PHILADELPHIA, PA 19182-5600</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,785.80</p>
3.137 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TILWELL PETROLEUM LLC 63 TOM HARVEY ROAD B WESTERLY, RI 02891</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,910.00</p>
3.137 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TIME WARNER CABLE ACCT # 106942101 PO BOX 60074 CITY OF INDUSTRY, CA 91716-0074</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 199.82</p>
3.138 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TIMTRONICS 35 OLD DOCK ROAD YAPHANK, NY 11980</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 137.16</p>
3.138 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TIODIZE CO. 5858 ENGINEER DRIVE HUNTINGTON BEACH, CA 92649</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 7,122.26</p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.			Amount of claim
<p>3.138 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TIODIZE CO. 5858 ENGINEER DRIVE HUNTINGTON BEACH, CA 92649</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p> <p style="text-align: right;">5,777.42</p>	
<p>3.138 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TITAN INDUSTRIES LTD TITAN ENGINEERING &amp; AUTOMATION LIMITED UNIT - II : NO. 141, S.MUDUGANAPALLI VILL DENKANIKOTTAI ROAD, HOSUR, 635 110 INDIA</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p> <p style="text-align: right;">1,400.00</p>	
<p>3.138 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TITAN INTERNATIONAL INC</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p> <p style="text-align: right;">1,400.00</p>	
<p>3.138 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TMI/TECHNOLOGY MARKETING 6122 STRATLER STREET SALT LAKE CITY, UT 84107</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p> <p style="text-align: right;">15,360.62</p>	
<p>3.138 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>TODOL PRODUCTS INC. 25 WASHINGTON AVE., PO BOX 398 NATICK, MA 01760</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ _____</p> <p style="text-align: right;">4,109.40</p>	

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.138 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TOOLING MATERIALS INC PO BOX 121103 ARLINGTON, TX 76012</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 8,168.17</p>
3.138 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TOOLING MATERIALS INC PO BOX 121103 ARLINGTON, TX 76012</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 6,459.32</p>
3.138 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TORAY ADVANCED COMPOSITES 2450 CORDELIA ROAD FAIRFIELD, CA 94534</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 326,755.23</p>
3.139 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TORAY ADVANCED COMPOSITES 18255 SUTTER BLVD. MORGAN HILL, CA 95037</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 174,499.90</p>
3.139 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TORCH SURFACE TECHNOLOGIES 10781 PLAZA DR WHITMORE LAKE, MI 48189</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,303.90</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.139 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TORCO INTERNATIONAL CORPORATION 1720 SOUTH CARLOS AVENUE ONTARIO, CA 91761</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,055.26</p>
3.139 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TORR TECHNOLOGIES, INC. 1435 22ND ST NW AUBURN, WA 98001</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 36,454.58</p>
3.139 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TOTAL FILTRATION SERVICES 13002 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 66,038.40</p>
3.139 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TOTAL LUBRICANTS USA, INC. 24517 NETWORK PLACE CHICAGO, IL 60673-1245</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 72,062.42</p>
3.139 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TRANS TECH 475 NORTH GARY AVENUE CAROL STREAM, IL CARLO STREAM, IL 60188</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 273.00</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.139 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TRANSENE CO INC 10 ELECTRONICS AVENUE DANVERS, MA 01923</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>101,371.33</u></p>
3.139 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TRANSENE COMPANY INC. 10 ELECTRONICS AVENUE DANVERS, MA 01923</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>94,336.75</u></p>
3.139 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TRANSOR FILTER USA 515 BUSSE ROAD ELK GROVE VILLAGE, IL 60007</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>47,980.00</u></p>
3.140 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TRECE, INC PO BOX 129 ADAIR, OK 74330</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>8,607.06</u></p>
3.140 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TRELLEBORG OFFSHORE BOSTON, INC. (FORMER) P.O. BOX 347860 PITTSBURGH, PA 15250-7860</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>5,195.00</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.140 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TRI-GEMINI, LLC DEPARTMENT 20-3031 P.O.BOX 5977 CAROL STREAM, IL 60197-5977</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>34,730.00</u></p>
3.140 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TRIUMPH ACCESSORY SERVICES PO BOX 640941 PITTSBURGH, PA 15264-0941</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>135.50</u></p>
3.140 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TRUCENT SEPARATION TECHNOLOGIES 29400 NETWORK PLACE CHICAGO, IL 60673</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>13,000.00</u></p>
3.140 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TURBO BRAZE CORPORATION 39A MYRTLE STREET CRANFORD, NJ 07016</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>913.68</u></p>
3.140 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>TUV USA, INC. (HAAS)</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>21,965.21</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.140 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>U.S. CORROSION TECHNOLOGIES 2638 NATIONAL DRIVE GARLAND, TX 75041</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,101.16</p>
<p>3.140 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>U.S. LUBRICANTS PO BOX 8846 CAROL STREAM, IL 60197-8846</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 334,406.73</p>
<p>3.140 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>U.S. LUBRICANTS 425 BELTER WAY APPLETON, WI 54915-6192</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 16,982.99</p>
<p>3.141 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>U.S. POLYCHEMICAL CORP. 584 CHESTNUT RIDGE RD. CHESTNUT RIDGE, NY 10977</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 335.40</p>
<p>3.141 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>ULINE ATTN: ACCOUNTS RECEIVABLE PO BOX 88741 CHICAGO, IL 60680-1741</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 15,939.96</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.141 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ULTRA SAFETY SYSTEMS INC 1601 HILL AVE, SUITE C MANGONIA PARK, FL 33407</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 13,353.60</p>
3.141 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ULTRA SAFETY SYSTEMS INC 1601 HILL AVE, SUITE C MANGONIA PARK, FL 33407</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 7,893.60</p>
3.141 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ULTRACHEM P.O. BOX 95364 CHICAGO, IL 60694-5364</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 21,232.29</p>
3.141 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>UMICORE OPTICAL MATERIALS USA, INC 2976 SOUTH 614 ROAD QUAPAW, OK 74363</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 32,256.00</p>
3.141 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNIGLOBE KISCO INC 7588 CENTRAL PARKE BLVD SUITE 204 MASON, OH 45040</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 18,900.00</p>



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.141 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNIST INC. 4134-36TH STREET SE GRAND RAPIDS, MI 49512</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,264.00</p>
3.141 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNITED ADHESIVES 318 HALF DAY RD BUFFALO GROVE, IL 60089</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 26,093.37</p>
3.141 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNITED CHEMICAL TECHNOLOGIES 2731 BARTRAM ROAD BRISTOL, PA 19007</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 439.00</p>
3.142 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNITED COLOR MANUFACTURING INC. PO BOX 480 NEWTOWN, PA 18940</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,800.00</p>
3.142 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNITED MINERAL &amp; CHEMICAL CORPORATION. 160 CHUBB AVENUE, SUITE 206 LYNDHURST, NJ 07071</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 34,856.32</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.142 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNITED REFRIGERATION PO BOX 82-0100 PHILADELPHIA, PA 19182-0100</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 3,158.99</p>
<p>3.142 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNITED REFRIGERATION INC PO BOX 677036 DALLAS, TX 75267-7036</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 37,632.90</p>
<p>3.142 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNITED STATES PRODUCTS COMPANY 518 MELWOOD AVENUE PITTSBURGH, PA 15213-1194</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 264.15</p>
<p>3.142 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNITED STATES WELDING CORP - C -T 3579 HIGHWAY 50 EAST #104 CASRSON CITY, NV 89701-2826</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 7,312.50</p>
<p>3.142 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNIVAR SOLUTIONS USA, INC. 62190 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0621</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 936.00</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.142 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNIVAR USA INC. 13009 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 2,730.00</p>
<p>3.142 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNIVERSAL INSTRUMENTS CORPORATION PO BOX 392228 PITTSBURGH, PA 15251-9228</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 165.20</p>
<p>3.142 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>UNIVERSAL PHOTONICS 85 JETSON LANE CENTRAL ISLIP, NY 11722</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 35,852.47</p>
<p>3.143 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>URETHANE TECHNOLOGY COMPANY, INC. 59-77 TEMPLE AVENUE NEWBURGH, NY 12550</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 2,013.53</p>
<p>3.143 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>US OILCHEK 425 BETTER WAY APPLETON, WI 54915-6192</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 260.00</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.143 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>US PLASTIC CORPORATION 1390 NEUBRECHT ROAD LIMA, OH 45801-3120</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 103.36</p>
<p>3.143 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>US TECHNOLOGY MEDIA, INC. (FORMERLY US T 509 WATER STREET BOLIVAR, OH 44612</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,490.50</p>
<p>3.143 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>UVEXS INC. PO BOX 1407 NORTH BEND, OR 97459-0089</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 675.00</p>
<p>3.143 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>V O BAKER DISTRIBUTING PO BOX 55 MENTOR, OH 44061</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 35,704.07</p>
<p>3.143 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>VALLEN DISTRIBUTION, INC. P O BOX 404753 ATLANTA, GA 30384-4753</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 58.54</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.143 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>VALLEN DISTRIBUTION, INC. PO BOX 848545 DALLAS, TX 75248-8545</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 56,298.45</p>
<p>3.143 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>VALUE-TEK DEPT 2081 PO BOX 29661 PHOENIX, AZ 85038-9661</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 435.00</p>
<p>3.143 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>VAN DE POL ENTERPRISES, INC. P.O. BOX 1107 STOCKTON, CA 95201</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 16,722.20</p>
<p>3.144 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>VANTAGE SPECIALTIES, INC. PO BOX 775949 CHICAGO, IL 60677-5949</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 208,747.18</p>
<p>3.144 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>VEOLIA WATER TECHNOLOGIES, INC.</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 3,665.20</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.144 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VERITIV OPERATING COMPANY VERITIV - WICHITA 7472 COLLECTION CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>2,667.50</u></p>
3.144 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VERITIV OPERATING COMPANY, FORMERLY UNIS P.O. BOX 57006 LOS ANGELES, CA 90074-7006</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>3,431.00</u></p>
3.144 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VERITIV OPERATING COMPANY, FORMERLY UNIS 7472 COLLECTION CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>37,625.05</u></p>
3.144 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VERITIV OPERATING COMPANY, FORMERLY XPED P.O. BOX 409884 ATLANTA, GA 30384-9884</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>14,578.62</u></p>
3.144 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VERSUM MATERIALS US, LLC - AZ P.O. BOX 22920 NEW YORK, NY 10087-2920</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>30,139.60</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.144 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VERSUM MATERIALS US, LLC - AZ P.O.BOX 22920 NEW YORK, NY 10087-2920</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>272.40</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.144 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VESCO OIL CORPORATION P.O. BOX 675371 DETROIT, MI 48267-5731</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>554.40</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.144 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VHG LABS PO BOX 360659 PITTSBURGH, PA 15251-6659</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>2,062.22</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.145 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VICTORY SUPPLY CO., INC. P.O. BOX 316 APOPKA, FL 32704</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>4,184.87</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.145 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VIDEOJET TECHNOLOGIES INC. 12113 COLLECTION CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>103.24</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.145 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VIDEOJET TECHNOLOGIES INC. 1500 MITTEL BLVD. WOOD DALE, IL 60191-1073</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 2,666.10</p>
3.145 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VIKING CHEMICAL PO BOX 1595 ROCKFORD, IL 61110</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,125.11</p>
3.145 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VISHAY MEASUREMENTS GROUP INC PO BOX 841292 DALLAS, TX 75284-1292</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 903.60</p>
3.145 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VISHAY MEASUREMENTS GROUP INC P O BOX 731487 DALLAS, TX 75373-1487</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 33,751.63</p>
3.145 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>VISHAY MEASUREMENTS GROUP INC PO BOX 841292 DALLAS, TX 75284-1292</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 903.60</p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.			Amount of claim
3.145 7	<b>Nonpriority creditor's name and mailing address</b> VISHAY MICRO-MEASUREMENTS P O BOX 27777 RALEIGH, NC 27611	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 564.80
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.145 8	<b>Nonpriority creditor's name and mailing address</b> VISHAY MICRO-MEASUREMENTS PO BOX 841292 DALLAS, TX 75284-1292	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check	\$ 564.80
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.145 9	<b>Nonpriority creditor's name and mailing address</b> VITTA CORPORATION 7 TROWBRIDGE DR. BETHEL, CT 06801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,622.60
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.146 0	<b>Nonpriority creditor's name and mailing address</b> VYTRAN 1400 CAMPUS DRIVE WEST MORGANVILLE, NJ 07751	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 105.00
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.146 1	<b>Nonpriority creditor's name and mailing address</b> VYTRAN 1400 CAMPUS DRIVE WEST MORGANVILLE, NJ 07751	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check	\$ 105.00
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.146 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>W W GRAINGER - WOBURN RAYTH JAN ONL DEPT 867026817 PO BOX 419267 KANSAS CITY, MO 64141-6267</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,102.94</p>
<p>3.146 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>W W GRAINGER INC DEPT 860543487 PALATINE, IL 60038-0001</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 374.25</p>
<p>3.146 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>W W GRAINGER INC/AUSTIN</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,918.02</p>
<p>3.146 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>W W GRAINGER INC/AUSTIN DEPT. 860543487 PO BOX 419267 KANSAS CITY, MO 64141-6267</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 99,238.29</p>
<p>3.146 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>W W GRAINGER INC/AUSTIN DEPT. 860543487 PALATINE, IL 60038-0001</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 109.86</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.146 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>W.S. DODGE OIL CO., INC 3710 FRUITLAND AVENUE MAYWOOD, CA 90270</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 4,645.00</p>
<p>3.146 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WALL COLMONOY, INC. 16464 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,846.23</p>
<p>3.146 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WALTHALL OIL COMPANY PO BOX 105963 ATLANTA, GA 30348-0818</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 1,210.94</p>
<p>3.147 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WALTHER TROWAL GMBH &amp; CO. KG 4540 EAST PARIS AVE SE SUITE F GRAND RAPIDS, MI 49512</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 10,489.09</p>
<p>3.147 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WARNER OIL COMPANY PO BOX 367 COLDWATER, MI 49036-0367</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ 5,073.75</p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.147 2</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WASTE MANAGEMENT OF ARIZONA PHOENIX HAUL 2425 S. 40TH STREET PHOENIX, AZ 85062-8251</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,249.82</u></p>
<p>3.147 3</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WASTE MANAGEMENT OF ATLANTA HAULING 375-0103633-1375-9 PO BOX 4648 CAROL STREAM, IL 60197-4648</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>439.45</u></p>
<p>3.147 4</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WASTE MANAGEMENT OF PA ACCT# 611-0152556-0061-9 PO BOX 13648 PHILADELPHIA, PA 19101-3648</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,114.50</u></p>
<p>3.147 5</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WATERLESS CO INC 1050 JOSHUA WAY VISTA, CA 92081</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>16,986.75</u></p>
<p>3.147 6</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WATERTECH OF AMERICA, INC. 5000 S. 110TH STREET GREENFIELD, WI 53228</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>481.25</u></p>

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.147 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WAXIE SANITARY SUPPLY PO BOX 748802 LOS ANGELES, CA 90074-8802</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>109,208.18</u></p>
3.147 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WCS DISTRIBUTING, INC</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>93.76</u></p>
3.147 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WESCO AIRCRAFT CANADA INC. 2000 32ND AVENUE UNIT 2701 LACHINE, QC H8T 3H7 CANADA</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>20,744.01</u></p>
3.148 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WESCO AIRCRAFT EMEA, LTD. 50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>1,007,256.31</u></p>
3.148 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WESCO AIRCRAFT GERMANY GMBH ESCHENWEG 9 BLANKENFELDE-MAHLOW, 15827 GERMANY</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ <u>7,667.51</u></p>

Debtor Haas Group International, LLC  
Name

Case number (if known) 23-90691

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.148 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WESCO AIRCRAFT HARDWARE CORP. 818 WEST SEVENTH STREET STE. 930 LOS ANGELES, CA 90017</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>90,131,506.11</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.148 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WESCO AIRCRAFT HARDWARE CORP. 818 WEST SEVENTH STREET STE. 930 LOS ANGELES, CA 90017</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>2,573,488,533.54</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Notes Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.148 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WESCO AIRCRAFT HOLDINGS, INC. THE CORPORATION TRUST COMPANY CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON, DE 19801</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>470,929,194.96</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.148 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WESCO AIRCRAFT SEA PTE. LTD. 3 CHANGI NORTH STREET 2 #02-01 LOGISTECH SINGAPORE, 498827 SINGAPORE</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>68,111.59</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.148 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WEST PENETONE/23530 POST OFFICE BOX 48064 NEWARK, NJ 07101</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p>\$ <u>2,310.00</u></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<p>3.148 7</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WESTERN AMERICAN SPECIALTIES INC. 4731 W JEFFERSON BLVD LOS ANGELES, CA 90016</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>2,636.88</u></p>
<p>3.148 8</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WESTERN EXTERMINATOR COMPANY PO BOX 16350 READING, PA 19612-6350</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>110.75</u></p>
<p>3.148 9</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WESTFLEX INDUSTRIAL 325 WEST 30TH ST. NATIONAL CITY, CA 91950</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>486.00</u></p>
<p>3.149 0</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WHITAKER OIL P.O. BOX 890688 CHARLOTTE, NC 28289-0688</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>1,090.00</u></p>
<p>3.149 1</p> <p><b>Nonpriority creditor's name and mailing address</b></p> <p>WHITAKER OIL COMPANY P.O. BOX 890688 CHARLOTTE, NC 28289-0688</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>10,061.25</u></p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.149 2	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WILCO DISTRIBUTORS, INC. 6832 N EL MIRAGE RD GLENDALE, AZ 85307</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 3,811.48</p>
3.149 3	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WILCO DISTRIBUTORS, INC. 6832 N EL MIRAGE RD GLENDALE, AZ 85307</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,193.51</p>
3.149 4	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WINFIELD BROOKS COMPANY, INC. 70 CONN STREET WOBURN, MA 01801</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 72.00</p>
3.149 5	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WINFIELD BROOKS COMPANY, INC. 70 CONN STREET WOBURN, MA 01801</p> <p><b>Date or dates debt was incurred</b> Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Uncashed Check</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 72.00</p>
3.149 6	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WINSLOW AUTOMATION INC AKA SIX SIGM 905 MONTAGUE EXPRESSWAY MILPITAS, CA 95035</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 8,959.75</p>



Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.149 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WINTON PRODUCTS PO BOX 36332 CHARLOTTE, NC 28236</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,371.72</p>
3.149 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WIREMASTERS, INC. PO BOX 734418 CHICAGO, IL 60673-4418</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 1,125.00</p>
3.149 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WOLVERINE OIL &amp; SUPPLY CO., INC. 10455 FORD ROAD DEARBORN, MI 48126</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 891.50</p>
3.150 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WOLVERINE TOP HOLDING CORPORATION THE CORPORATION TRUST COMPANY CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON, DE 19801</p> <p><b>Date or dates debt was incurred</b>      Undetermined</p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Intercompany Notes Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 5,256,162.45</p>
3.150 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>WOODSTREAM CORPORATION 1985 SOLUTIONS CENTER CHICAGO, IL 60677-1009</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ _____ 310,861.55</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.150 2	<b>Nonpriority creditor's name and mailing address</b> WRIGHT BROTHERS INC. PO BOX 98 HAMPTON, GA 30228  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Uncashed Check  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ _____ 2,244.08
3.150 3	<b>Nonpriority creditor's name and mailing address</b> XELERA INC 7209 E WT HARRIS BLVD,STE J #304 CHARLOTTE, NC 28227  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ _____ 970.00
3.150 4	<b>Nonpriority creditor's name and mailing address</b> XTO INC 110 WRENTHAM DR LIVERPOOL, NY 13088  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ _____ 34,044.63
3.150 5	<b>Nonpriority creditor's name and mailing address</b> YANKOCY WHOLESALE BUILDING MAT PO BOX 276 BOTSFORD, CT 06404-0276  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ _____ 11,216.72
3.150 6	<b>Nonpriority creditor's name and mailing address</b> YUSHIRO MANUFACTURING AMERICA 29813 NETWORK PLACE CHICAGO, IL 60673-1298  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  \$ _____ 1,295.04

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
3.150 7	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ZESTRON AMERICA 11285 ASSETT LOOP MANASSAS, VA 20109</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 167,507.75</p>
3.150 8	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ZOGICS LLC 309 PITTSFIELD ROAD LENOX, MA 01240</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 1,228.70</p>
3.150 9	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ZYMET 7 GREAT MEADOW LANE EAST HANOVER, NJ 07936</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 54,401.39</p>
3.151 0	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>ZYP COATINGS, INC. 120 VALLEY COURT OAK RIDGE, TN 37830</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> Trade Payable</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$ 270.00</p>
3.151 1	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p>	<p><b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b></p> <p><b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$</p>

Debtor Haas Group International, LLC  
Name

Case number (if known): 23-90691

**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
4.1	Line <input type="checkbox"/> Not listed. Explain	
4.2	Line <input type="checkbox"/> Not listed. Explain	
4.3	Line <input type="checkbox"/> Not listed. Explain	
4.4	Line <input type="checkbox"/> Not listed. Explain	
4.5	Line <input type="checkbox"/> Not listed. Explain	
4.6	Line <input type="checkbox"/> Not listed. Explain	
4.7	Line <input type="checkbox"/> Not listed. Explain	
4.8	Line <input type="checkbox"/> Not listed. Explain	
4.9	Line <input type="checkbox"/> Not listed. Explain	

Debtor Haas Group International, LLC

Case number (if known) 23-90691

Name

**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. <b>Total claims from Part 1</b>	5a.		\$	0.00
<hr style="width: 80%; margin-left: auto; margin-right: 0;"/>				
5b. <b>Total claims from Part 2</b>	5b.	+	\$	4,016,248,012.39
				+ Undetermined Amounts
<hr style="width: 80%; margin-left: auto; margin-right: 0;"/>				
5c. <b>Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c.		\$	4,016,248,012.39
				+ Undetermined Amounts

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

Debtor name Haas Group International, LLC  
 United States Bankruptcy Court for the: Southern District of Texas, Houston Division  
 Case number (if known): 23-90691

Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases ?**

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

**2. List all contracts and unexpired leases**

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

2.1	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>WASTE SERVICES AGREEMENT DATED: 11/03/2020</p>	<p>ACTENVIRO</p>
2.2	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>OFFICE AND CSL WAREHOUSE LEASE DATED: 11/01/2012</p>	<p>AEROJET-GENERAL CORPORATION C/O NP BGO RANCHO CORDOVA LOGISTICS CENTER, LLC 3315 NORTH OAK TRAFFICWAY KANSAS CITY, MO 64116</p>
2.3	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>LTA DATED: 06/04/2007</p>	<p>AIRGAS INC</p>
2.4	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AGREEMENT DATED: 07/15/2020</p>	<p>AMERICAN CHEMISTRY COUNCIL</p>
2.5	<p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>MASTER SERVICES AGREEMENT DATED: 06/01/2015</p>	<p>BAE SYSTEMS, IESI, INC. ATTN.: MR. DONALD E. KING, JR. 65 SPIT BROOK ROAD PO BOX 868, MS; NHQO1-361 NASHUA, NH 03064</p>

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROPRIETARY INFORMATION EXCHANGE AGREEMENT DATED: 07/21/2016</p>	<p>BELL HELICOPTER SUPPLY CENTER B.V. SCHIPHOLWEG 303 1171 PL BADHOEVEDORP, NETHERLANDS</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROPRIETARY INFORMATION EXCHANGE AGREEMENT DATED: 07/21/2016</p>	<p>BELL HELICOPTER TEXTRON CANADA LIMITED 12,800 RUE DE L'AVENIR MIRABEL, J7J 1R4 CANADA</p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PROPRIETARY INFORMATION EXCHANGE AGREEMENT DATED: 07/21/2016</p>	<p>BELL HELICOPTER TEXTRON INC. P.O. BOX 482 FORT WORTH, TX 76101</p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>REGULATED MATERIAL DISTRIBUTOR AGREEMENT DATED: 12/10/2018</p>	<p>BOEING COMMERCIAL AIRPLANES ATTN: DUFFY, PATRICK PO BOX 3707 SEATTLE, WA 98124</p>
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EQUIPMENT LEASE DATED: 05/11/2017</p>	<p>CANON</p>
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EQUIPMENT LEASE DATED: 08/22/2018</p>	<p>CANON</p>
2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EQUIPMENT LEASE DATED: 08/05/2019</p>	<p>CANON</p>

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.13	State what the contract or lease is for and the nature of the debtor's interest	UNIFIED LEASE AGREEMENT DATED: 08/12/2018	CANON SOLUTIONS AMERICA, INC. ONE CANON PARK MELVILLE, NY 11747
	State the term remaining List the contract number of any government contract		
2.14	State what the contract or lease is for and the nature of the debtor's interest	UNIFIED LEASE AGREEMENT DATED: 05/11/2017	CANON SOLUTIONS AMERICA, INC. ONE CANON PARK MELVILLE, NY 11747
	State the term remaining List the contract number of any government contract		
2.15	State what the contract or lease is for and the nature of the debtor's interest	UNIFIED LEASE AGREEMENT DATED: 08/05/2019	CANON SOLUTIONS AMERICA, INC. ONE CANON PARK MELVILLE, NY 11747
	State the term remaining List the contract number of any government contract		
2.16	State what the contract or lease is for and the nature of the debtor's interest	SERVICE AGREEMENT DATED: 01/28/2011	CASS INFORMATION SYSTEMS, INC.
	State the term remaining List the contract number of any government contract		
2.17	State what the contract or lease is for and the nature of the debtor's interest	MASTER SERVICES AGREEMENT DATED: 12/15/2010	CELERGO
	State the term remaining List the contract number of any government contract		
2.18	State what the contract or lease is for and the nature of the debtor's interest	BILLING AGREEMENT DATED: 08/15/2019	CHEMTREAT, INC. 5640 COX ROAD GLEN ALLEN, VA 23060
	State the term remaining List the contract number of any government contract		
2.19	State what the contract or lease is for and the nature of the debtor's interest	AGREEMENT DATED: 08/15/2019	CHEMTREAT, INC. 5640 COX ROAD GLEN ALLEN, VA 23060
	State the term remaining List the contract number of any government contract		



Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.20	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BILLING AGREEMENT DATED: 08/15/2019</p>	<p>CHEMTREAT, INC. 5640 COX ROAD GLEN ALLEN, VA 23060</p>
2.21	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT DATED: 10/02/2017</p>	<p>CINTAS P.O. BOX 631025 CINCINNATI, OH 45263-1025</p>
2.22	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>STANDARD RENTAL SERVICE AGREEMENT DATED: 10/02/2017</p>	<p>CINTAS CORPORATION P.O. BOX 88005 CHICAGO, IL 60680-1005</p>
2.23	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BUSINESS ASSOCIATE AGREEMENT DATED: 01/04/2022</p>	<p>CMDPN, LLC. 3513 BRIGHTON BOULEVARD SUITE 230 DENVER, CO 80216</p>
2.24	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AUTO CONTRACT DATED: 08/01/2015</p>	<p>COMMERCIAL LEASE GROUP</p>
2.25	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT DATED: 12/14/2020</p>	<p>D&amp;S GLOBAL SOLUTIONS 13809 RESEARCH BLVD., SUITE 800 AUSTIN, TX 78750</p>
2.26	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>COLLECTION SERVICES AGREEMENT DATED: 12/14/2020</p>	<p>D&amp;S GLOBAL SOLUTIONS 13809 RESEARCH BLVD., SUITE 800 AUSTIN, TX 78750</p>

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.27	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>AGREEMENT DATED: 09/10/2015</p>	<p>DE LAGE LANDEN FINANCIAL SERVICES 1111 OLD EAGLE SCHOOL ROAD WAY WAYNE, PA 19087</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		
2.28	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>COST-PER-COPY AGREEMENT DATED: 09/10/2015</p>	<p>DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL ROAD WAY WAYNE, PA 19087</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		
2.29	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>CONTRACT ORDER FOR COMMERCIAL PRODUCTS AND SERVICES DATED: 10/01/2022</p>	<p>DEPARTMENT OF VETERANS AFFAIRS NETWORK CONTRACTING OFFICE (NCO) 10 6100 OAK TREE BLVD. SUITE 490 INDEPENDENCE, OH 44131</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>36C25023P0040</p>	
2.30	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>AGREEMENT DATED: 05/26/2022</p>	<p>DOBLE ENGINEERING ATTN: JONATHAN O. NILSEN. ESQ., SENIOR COUNSEL 123 FELTON STREET MARLBOROUGH, MA 01752</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		
2.31	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>MASTER END USER LICENSE AGREEMENT DATED: 05/26/2022</p>	<p>DOBLE ENGINEERING COMPANY ATTN: JONATHAN O. NILSEN. ESQ., SENIOR COUNSEL 123 FELTON STREET MARLBOROUGH, MA 01752</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		
2.32	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>INCORPORATION PROPOSAL DATED: 09/01/2018</p>	<p>EAGLE MINE 4547 COUNTY ROAD 601 CHAMPION, MI 49814</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		
2.33	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>AGREEMENT DATED: 08/24/2016</p>	<p>EXPENSEWIRE 1099 AKRON ROAD WOOSTER, OH 44691</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT DATED: 11/11/2010</p>	<p>EXPENSEWIRE 1099 AKRON ROAD WOOSTER, OH 44691</p>
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CUSTOMER AGREEMENT DATED: 11/11/2010</p>	<p>EXPENSEWIRE LLC. 1099 AKRON ROAD WOOSTER, OH 44691</p>
2.36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICE AGREEMENT DATED: 05/03/2021</p>	<p>FITESA HIGHT POINT 200 W POINT AVE HIGH POINT, NC 27260</p>
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>OFFICE LEASE DATED: 09/15/2010</p>	<p>GLENLOCH ONE ASSOCIATES, L.P. C/O J. LOEW PROPERTY MANAGEMENT, INC. ATTN: ADAM R. LOEW 120 PENNSYLVANIA AVENUE MALVERN, PA 19355-2418</p>
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>RELEASE AGREEMENT DATED: 06/30/2023</p>	<p>GUADALUPE SUAREZ</p>
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INTERCOMPANY LOAN DATED: 03/20/2018</p>	<p>HAAS GROUP INTERNATIONAL SCM IRELAND LIMITED UNIT 4A WESTERN BUSINESS PARK SHANNON, CO CLARE, IRELAND (EIRE)</p>
2.40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>INTERCOMPANY LOAN DATED: 01/01/2019</p>	<p>HAAS GROUP INTERNATIONAL SCM IRELAND LIMITED UNIT 4A WESTERN BUSINESS PARK SHANNON, CO CLARE, IRELAND (EIRE)</p>

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>DISTRIBUTION AGREEMENT (CHEM) DATED: 03/18/2021</p>	<p>HENKEL TECHNOLOGIES HOUSE WOOD LANE END HERTFORDSHIRE, HP2 4RQ UNITED KINGDOM</p>
2.42	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>US GOLD INCENTIVE PROGRAM DATED: 03/18/2021</p>	<p>HENKEL CORPORATION ICI BELGIUM NLJVERHEIDSTRAAT 7 WESTERLO, B-2260 BELGIUM</p>
2.43	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDED AND RESTATED EMPLOYMENT AGREEMENT DATED: 02/01/2023</p>	<p>HERNANDEZ, MARK 2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137</p>
2.44	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LONG TERM SERVICE AGREEMENT DATED: 05/31/2017</p>	<p>HEXCEL CORPORATION 19915 84TH AVE. S KENT, WA 98032</p>
2.45	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSULTANCY AGREEMENT DATED: 08/23/2022</p>	<p>HHS INDUSTRIAL 1528 WALL ST. IDAHO SPRINGS, CO 80452</p>
2.46	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>CONSULTING AGREEMENT DATED: 08/23/2022</p>	<p>HHS INDUSTRIAL, LLC. 1528 WALL ST. IDAHO SPRINGS, CO 80452</p>
2.47	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AGREEMENT DATED: 10/28/2020</p>	<p>INDATATECH INDATATECH BILLING 85 NE LOOP 410 SUITE 405 SAN ANTONIO, TX 78216</p>

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.48	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>SUBCONTRACTOR AGREEMENT DATED: 03/26/2021</p>	<p>INSTANT DATA TECHNOLOGIES, INC.</p>
	<p>State the term remaining List the contract number of any government contract</p>		
2.49	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>SUBCONTRACTOR AGREEMENT DATED: 10/28/2020</p>	<p>INSTANT DATA TECHNOLOGIES, INC.</p>
	<p>State the term remaining List the contract number of any government contract</p>		
2.50	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>IT SERVICES AGREEMENT DATED: 01/01/2023</p>	<p>INSTREAM 5211 LINBAR DRIVE, SUITE 504 NASHVILLE, TN 37211</p>
	<p>State the term remaining List the contract number of any government contract</p>		
2.51	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>MAINTENANCE AGREEMENT DATED: 11/09/2022</p>	<p>INSTREAM 5211 LINBAR DRIVE, SUITE 504 NASHVILLE, TN 37211</p>
	<p>State the term remaining List the contract number of any government contract</p>		
2.52	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>SOFTWARE SUPPORT AGREEMENT DATED: 01/01/2023</p>	<p>INSTREAM, LLC. 5211 LINBAR DRIVE SUITE 504 NASHVILLE, TN 37211</p>
	<p>State the term remaining List the contract number of any government contract</p>		
2.53	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>INTELLECTUAL PROPERTY MANAGEMENT ENROLLMENT FORM DATED: 03/18/2014</p>	<p>INTELLECTUAL PROPERTY MANAGEMENT, INC. ATTN: CONTRACT ADMINISTRATION 2100 NORCROSS PARKWAY SUITE 150 NORCROSS, GA 30071</p>
	<p>State the term remaining List the contract number of any government contract</p>		
2.54	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>AGREEMENT DATED: 08/22/2011</p>	<p>IRON MOUNTAIN PO BOX 915004 DALLAS, TX 75391-5004</p>
	<p>State the term remaining List the contract number of any government contract</p>		

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.55	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>THREE PARTY MASTER DEPOSITOR ESCROW SERVICE AGREEMENT DATED: 08/22/2011</p>	<p>IRON MOUNTAIN INTELLECTUAL PROPERTY MANAGEMENT, INC. ATTN: CLIENT SERVICES 2100 NORCROSS PARKWAY SUITE 150 NORCROSS, GA 30071</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		
2.56	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>AGREEMENT DATED: 04/13/2020</p>	<p>JAN-PRO</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		
2.57	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>AGREEMENT DATED: 11/01/2009</p>	<p>JAN-PRO</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		
2.58	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>ACCOUNT TERMS / ADDENDUM TO ACCOUNT TERMS DATED: 07/22/2020</p>	<p>JPMORGAN CHASE BANK, N.A. 10 S. DEARBORN, FLOOR 34 CHICAGO, IL 60603</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		
2.59	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>TERMS AND CONDITITONS LONG TERM AGREEMENT DATED: 09/17/2018</p>	<p>KAMAN AEROSYSTEMS ATTN: DIRECTOR, PROCUREMENT 30 OLD WINDSOR ROAD BLOOMFIELD, CT 06002</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		
2.60	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>EQUIPMENT LEASE DATED: 11/01/2017</p>	<p>LINDE P. O. BOX 417518 BOSTON, MA 02241-7518</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		
2.61	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>APPLICATION EQUIPMENT, ANCILLARY EQUIPMENT, AND SERVICES TERM AGREEMENT DATED: 11/01/2017</p>	<p>LINDE LLC. 200 SOMERSET CORPORATE BLVD SUITE 7000 BRIDGEWATE, NJ 08807</p>
	<p>State the term remaining</p> <p>List the contract number of any government contract</p>		

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.62	State what the contract or lease is for and the nature of the debtor's interest	SERVICES AGREEMENT DATED: 05/01/2014	LOCKHEED MARTIN CORPORATION 6801 ROCKLEDGE DRIVE BETHESDA, MD 20817
	State the term remaining List the contract number of any government contract		
2.63	State what the contract or lease is for and the nature of the debtor's interest	INTELLECTUAL PROPERTY MANAGEMENT ENROLLMENT FORM DATED: 03/18/2014	LOCKHEED MARTIN CORPORATION ATTN: JOHN DRENK 3 EXECUTIVE CAMPUS 6SE CHERRY HILL, NJ 08002
	State the term remaining List the contract number of any government contract		
2.64	State what the contract or lease is for and the nature of the debtor's interest	CUSTOMER ORDER INFORMATION AND CONTRACT SPECIFICATIONS DATED: 05/10/2022	LUMEN
	State the term remaining List the contract number of any government contract		
2.65	State what the contract or lease is for and the nature of the debtor's interest	AGREEMENT DATED: 04/06/2022	LUMEN
	State the term remaining List the contract number of any government contract		
2.66	State what the contract or lease is for and the nature of the debtor's interest	AGREEMENT DATED: 05/10/2022	LUMEN
	State the term remaining List the contract number of any government contract		
2.67	State what the contract or lease is for and the nature of the debtor's interest	SERVICE AGREEMENT DATED: 07/10/2018	MAXCOM EAST JEFFERSON GENERAL HOSPITAL 4200 HOUMA BLVD METAIRIE, LA 70006
	State the term remaining List the contract number of any government contract		
2.68	State what the contract or lease is for and the nature of the debtor's interest	LTA DATED: 07/31/2019	MESSER LLC 88718 EXPEDITE WAY CHICAGO, IL 60695-1700
	State the term remaining List the contract number of any government contract		

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.69	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>ASSIGNMENT OF AGREEMENT DATED: 04/08/2015</p>	<p>ONESTREAM SOFTWARE LLC. P.O. BOX 734589 CHICAGO, IL 60673-4589</p>
2.70	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOFTWARE LICENSE AND SERVICES AGREEMENT DATED: 03/28/2013</p>	<p>ONESTREAM SOFTWARE LLC. 425 S. MAIN STREET SUITE 203 ROCHESTER, MI 48307</p>
2.71	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PURCHASE ORDER DATED: 05/29/2014</p>	<p>ORACLE AMERICA, INC. 500 ORACLE PARKWAY REDWOOD SHORES, CA 94065</p>
2.72	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AUTO CONTRACT</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>
2.73	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AUTO CONTRACT</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>
2.74	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VEHICLE LEASE SERVICE AGREEMENT DATED: 10/30/2008</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>
2.75	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AUTO CONTRACT</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>



Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		
List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
<p>2.76</p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AUTO CONTRACT DATED: 09/26/2014</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>
<p>2.77</p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AUTO CONTRACT</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>
<p>2.78</p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AUTO CONTRACT</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>
<p>2.79</p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AUTO CONTRACT</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>
<p>2.80</p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AUTO CONTRACT</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>
<p>2.81</p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AUTO CONTRACT</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>
<p>2.82</p> <p><b>State what the contract or lease is for and the nature of the debtor's interest</b></p> <p><b>State the term remaining</b></p> <p><b>List the contract number of any government contract</b></p>	<p>AUTO CONTRACT</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.83	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AUTO CONTRACT DATED: 07/30/2016</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>
2.84	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AUTO CONTRACT DATED: 09/27/2015</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>
2.85	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AUTO CONTRACT</p>	<p>PENSKE TRUCK LEASING CO., L.P. PO BOX 802577 CHICAGO, IL 60680-2577</p>
2.86	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASE AGREEMENT DATED: 03/30/2018</p>	<p>PITNEY BOWES</p>
2.87	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER RES &amp; AUTH FOR DEPOSITORY ACCOUNTS AND TRSY MGMT SVCS DATED: 04/01/2018</p>	<p>PNC BANK 249 FIFTH AVENUE PITTSBURGH, PA 15222</p>
2.88	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LTA DATED: 01/01/2009</p>	<p>PRAXAIR DIV OF PRAXAIR CANADA INC SCARBOROUGH, ON M1R 5M1 CANADA</p>
2.89	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>OFFICE AND CSL WAREHOUSE LEASE DATED: 12/27/2013</p>	<p>PRINCIPAL LIFE INSURANCE COMPANY, C/O METRO COMMERCIAL PROPERTIES C/O METRO COMMERCIAL PROPERTIES 1500 N. PRIEST DRIVE, SUITE 132 TEMPE, AZ 85281</p>

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.90	State what the contract or lease is for and the nature of the debtor's interest	ORDER FORM DATED: 08/12/2019	QUESTEX PO BOX 959635 ST. LOUIS, MO 63195
	State the term remaining List the contract number of any government contract		
2.91	State what the contract or lease is for and the nature of the debtor's interest	COMPANY WIDE AGREEMENT DATED: 04/01/2011	RAYTHEON COMPANY 870 WINTER STREET WALTHAM, MA 02451
	State the term remaining List the contract number of any government contract		
2.92	State what the contract or lease is for and the nature of the debtor's interest	MASTER TERMS AGREEMENT DATED: 04/15/2020	RAYTHEON TECHNOLOGIES CORPORATION ATTN: GAS AND CHEMICAL COMMODITY MANAGER, GLOBAL SUPPLY CHAIN CC: RTX OFFICE OF THE GENERAL COUNSEL 4 FARM SPRINGS ROAD FARMINGTON, CT 06032
	State the term remaining List the contract number of any government contract		
2.93	State what the contract or lease is for and the nature of the debtor's interest	GROUP INSURANCE AGREEMENT DATED: 01/01/2021	RELIASTAR LIFE INSURANCE COMPANY PO BOX 122 MINNEAPOLIS, MN 55440
	State the term remaining List the contract number of any government contract		
2.94	State what the contract or lease is for and the nature of the debtor's interest	ADMINISTRATION AGREEMENT DATED: 01/01/2021	RELIASTAR LIFE INSURANCE COMPANY PO BOX 122 MINNEAPOLIS, MN 55440
	State the term remaining List the contract number of any government contract		
2.95	State what the contract or lease is for and the nature of the debtor's interest	SUBCONTRACT AGREEMENT DATED: 10/21/2016	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION 155 PASSAIC AVE FAIRFIELD, NJ 07004
	State the term remaining List the contract number of any government contract		
2.96	State what the contract or lease is for and the nature of the debtor's interest	SUBCONTRACT AGREEMENT DATED: 04/07/2020	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION ATTN: JENNIFER PELA 155 PASSAIC AVENUE FAIRFIELD, NJ 07004
	State the term remaining List the contract number of any government contract		

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.97	State what the contract or lease is for and the nature of the debtor's interest	LONG TERM PURCHASE AGREEMENT DATED: 01/01/2019	SIKORSKY AIRCRAFT CORPORATION 6900 MAIN STREET STRATFORD, CT 06615
	State the term remaining List the contract number of any government contract		
2.98	State what the contract or lease is for and the nature of the debtor's interest	EQUIPMENT LEASE DATED: 04/01/2022	SMARTSKIM
	State the term remaining List the contract number of any government contract		
2.99	State what the contract or lease is for and the nature of the debtor's interest	AGREEMENT DATED: 08/05/2020	STERLING INTERNATIONAL 3808 N. SULLIVAN ROAD BUILDING 16 SPOKANE, WA 99216
	State the term remaining List the contract number of any government contract		
2.100	State what the contract or lease is for and the nature of the debtor's interest	DISTRIBUTION AGREEMENT (CHEM) DATED: 08/05/2020	STERLING INTERNATIONAL 3808 N. SULLIVAN ROAD BUILDING 16 SPOKANE, WA 99216
	State the term remaining List the contract number of any government contract		
2.101	State what the contract or lease is for and the nature of the debtor's interest	WHOLESALE AGREEMENT DATED: 08/05/2020	STERLING INTERNATIONAL, INC. 3808 N. SULLIVAN ROAD BUILDING 16 SPOKANE, WA 99216
	State the term remaining List the contract number of any government contract		
2.102	State what the contract or lease is for and the nature of the debtor's interest	PROPRIETARY INFORMATION EXCHANGE AGREEMENT DATED: 07/21/2016	TEXTRON AVIATION INC. PO BOX 77130 VENDOR #957871 FORT WORTH, TX 76177
	State the term remaining List the contract number of any government contract		
2.103	State what the contract or lease is for and the nature of the debtor's interest	MASTER DIRECT AND INDIRECT GOODS AND SERVICES AGREEMENT DATED: 10/01/2019	TEXTRON AVIATION INC. ONE CESSNA BLVD WICHITA, KS 67215
	State the term remaining List the contract number of any government contract		

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

List all contracts and unexpired leases

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

2.104	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>INDEFINITE DELIVERY/INDEFINITE QUANTITY CONTRACT DATED: 01/01/2018</p>	<p>THE BOEING COMPANY ATTN: DAVID VARWIG 6300 J . S. MCDONNELL BLVD ST. LOUIS, MO 63134</p>
<p>State the term remaining List the contract number of any government contract</p>			
2.105	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>INDEFINITE DELIVERY/INDEFINITE QUANTITY CONTRACT DATED: 01/01/2018</p>	<p>THE BOEING COMPANY ATTN: SANDY BIRK PO BOX 516 MCS089-5177 ST. LOUIS, MO 63166</p>
<p>State the term remaining List the contract number of any government contract</p>			
2.106	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>INDEFINITE DELIVERY/INDEFINITE QUANTITY CONTRACT DATED: 01/01/2018</p>	<p>THE BOEING COMPANY ATTN: SANDY BIRK PO BOX 516 MC S089-5177 ST. LOUIS, MO 63166</p>
<p>State the term remaining List the contract number of any government contract</p>			
2.107	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>DEPARTMENT OF DEFENSE SECURITY AGREEMENT DATED: 11/08/2022</p>	<p>THE UNITED STATES OF AMERICA DEPARTMENT OF DEFENSE SECURITY AGREEMENT</p>
<p>State the term remaining List the contract number of any government contract</p>			
2.108	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>SOW DATED: 10/01/2022</p>	<p>UL VERIFICATION SERVICES 333 PFINGSTEN ROAD NORTHBROOK, IL 60062</p>
<p>State the term remaining List the contract number of any government contract</p>			
2.109	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>STATEMENT OF WORK DATED: 10/01/2022</p>	<p>UL VERIFICATION SERVICES INC. 333 PFINGSTEN ROAD NORTHBROOK, IL 60062</p>
<p>State the term remaining List the contract number of any government contract</p>			
2.110	<p>State what the contract or lease is for and the nature of the debtor's interest</p>	<p>RENTAL AGREEMENT DATED: 05/26/2022</p>	<p>UNIVERSAL SEPARATORS, INC. 2600 DANIELS STREET MADISON, WI 53718</p>
<p>State the term remaining List the contract number of any government contract</p>			

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

Debtor name Haas Group International, LLC  
 United States Bankruptcy Court for the: Southern District of Texas, Houston Division  
 Case number (if known): 23-90691

Check if this is an amended filing

**Official Form 206H**  
**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the additional Page to this page.

**1. Does the debtor have any codebtors?**

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Adams Aviation Supply Company Ltd.	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Adams Aviation Supply Company Ltd.	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Adams Aviation Supply Company Ltd.	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Adams Aviation Supply Company Ltd.	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Adams Aviation Supply Company Ltd.	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Flintbrook Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7 Flintbrook Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8 Flintbrook Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 Flintbrook Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.10 Flintbrook Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11 Haas Chemical Management of Mexico, Inc.	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12 Haas Chemical Management of Mexico, Inc.	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13 Haas Chemical Management of Mexico, Inc.	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14 Haas Chemical Management of Mexico, Inc.	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.15 Haas Chemical Management of Mexico, Inc.	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.16 Haas Corporation of Canada	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.17 Haas Corporation of Canada	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.18 Haas Corporation of Canada	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.19 Haas Corporation of Canada	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.20 Haas Corporation of Canada	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.21 Haas Corporation of China	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.22 Haas Corporation of China	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.23 Haas Corporation of China	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.24 Haas Corporation of China	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.25 Haas Corporation of China	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.26 Haas Group Canada Inc.	2000 32ND AVENUE UNIT 2701 LACHINE, QC H8T 3H7 CANADA	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.27 Haas Group Canada Inc.	2000 32ND AVENUE UNIT 2701 LACHINE, QC H8T 3H7 CANADA	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.28 Haas Group Canada Inc.	2000 32ND AVENUE UNIT 2701 LACHINE, QC H8T 3H7 CANADA	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.29 Haas Group International SCM Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.30 Haas Group International SCM Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.31 Haas Group International SCM Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.32 Haas Group International SCM Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.33 Haas Group International SCM Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.34 Haas Group, LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.35 Haas Group, LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.36 Haas Group, LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.37 Haas Group, LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.38 Haas Group, LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.39 Haas Holdings, LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.40 Haas Holdings, LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.41 Haas Holdings, LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.42 Haas Holdings, LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.43 Haas Holdings, LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.44 Haas International Corporation	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.45 Haas International Corporation	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.46 Haas International Corporation	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.47 Haas International Corporation	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.48 Haas International Corporation	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.49 Haas of Delaware LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.50 Haas of Delaware LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.51 Haas of Delaware LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.52 Haas of Delaware LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.53 Haas of Delaware LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.54 Haas TCM de Mexico, S. de R.L. de C.V.	AV. DEMING 1400 PARQUE INDUSTRIAL SUPRA KM. 14.5 CARRETERA CHIHUAHUA-JUAREZ S/N, CHIHUAHUA, C.P. 31183 MEXICO	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.55 Haas TCM de Mexico, S. de R.L. de C.V.	AV. DEMING 1400 PARQUE INDUSTRIAL SUPRA KM. 14.5 CARRETERA CHIHUAHUA-JUAREZ S/N, CHIHUAHUA, C.P. 31183 MEXICO	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.56 Haas TCM de Mexico, S. de R.L. de C.V.	AV. DEMING 1400 PARQUE INDUSTRIAL SUPRA KM. 14.5 CARRETERA CHIHUAHUA-JUAREZ S/N, CHIHUAHUA, C.P. 31183 MEXICO	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.57 Haas TCM Group of the UK Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.58 Haas TCM Group of the UK Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.59 Haas TCM Group of the UK Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.60 Haas TCM Group of the UK Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.61 Haas TCM Group of the UK Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.62 Haas TCM Industries LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.63 Haas TCM Industries LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.64 Haas TCM Industries LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.65 Haas TCM Industries LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.66 Haas TCM Industries LLC	1475 PHOENIXVILLE PIKE SUITE 201 WEST CHESTER, PA 19380	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.67 Haas TCM of Israel Inc.	20 MOSHE BORESHTEIN STR. SOUTH INDUSTRIAL ZONE AKKO, ISRAEL, 24107 ISRAEL	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.68 Haas TCM of Israel Inc.	20 MOSHE BORESHTEIN STR. SOUTH INDUSTRIAL ZONE AKKO, ISRAEL, 24107 ISRAEL	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.69 Haas TCM of Israel Inc.	20 MOSHE BORESHTEIN STR. SOUTH INDUSTRIAL ZONE AKKO, ISRAEL, 24107 ISRAEL	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.70 Haas TCM of Israel Inc.	20 MOSHE BORESHTEIN STR. SOUTH INDUSTRIAL ZONE AKKO, ISRAEL, 24107 ISRAEL	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.71 Haas TCM of Israel Inc.	20 MOSHE BORESHEIN STR. SOUTH INDUSTRIAL ZONE AKKO, ISRAEL, 24107 ISRAEL	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.72 Interfast USA Holdings Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.73 Interfast USA Holdings Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.74 Interfast USA Holdings Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.75 Interfast USA Holdings Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.76 Interfast USA Holdings Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.77 NetMRO, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.78 NetMRO, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.79 NetMRO, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.80 NetMRO, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.81 NetMRO, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.82 Pattonair (Derby) Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.83 Pattonair (Derby) Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.84 Pattonair (Derby) Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.85 Pattonair (Derby) Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.86 Pattonair (Derby) Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.87 Pattonair Europe Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.88 Pattonair Europe Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.89 Pattonair Europe Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.90 Pattonair Europe Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.91 Pattonair Europe Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.92 Pattonair Group Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.93 Pattonair Group Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.94 Pattonair Group Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.95 Pattonair Group Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.96 Pattonair Group Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.97 Pattonair Holding, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.98 Pattonair Holding, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.99 Pattonair Holding, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.100 Pattonair Holding, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.101 Pattonair Holding, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.102 Pattonair Holdings Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.103 Pattonair Holdings Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.104 Pattonair Holdings Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.105 Pattonair Holdings Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.106 Pattonair Holdings Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.107 Pattonair Limited	UNIT 7, STONEY GATE ROAD SPONDON DERBY, ENGLAND, DE21 7RX UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.108 Pattonair Limited	UNIT 7, STONEY GATE ROAD SPONDON DERBY, ENGLAND, DE21 7RX UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.109 Pattonair Limited	UNIT 7, STONEY GATE ROAD SPONDON DERBY, ENGLAND, DE21 7RX UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.110 Pattonair Limited	UNIT 7, STONEY GATE ROAD SPONDON DERBY, ENGLAND, DE21 7RX UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.111 Pattonair Limited	UNIT 7, STONEY GATE ROAD SPONDON DERBY, ENGLAND, DE21 7RX UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.112 Pattonair USA, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.113 Pattonair USA, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.114 Pattonair USA, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.115 Pattonair USA, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.116 Pattonair USA, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.117 Pioneer Finance Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.118 Pioneer Finance Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.119 Pioneer Finance Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.120 Pioneer Finance Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.121 Pioneer Finance Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.122 Pioneer Holding Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.123 Pioneer Holding Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.124 Pioneer Holding Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.125 Pioneer Holding Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.126 Pioneer Holding Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.127 Quicksilver Midco Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.128 Quicksilver Midco Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.129 Quicksilver Midco Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.130 Quicksilver Midco Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.131 Quicksilver Midco Limited	ASCOT BUSINESS PARK 50 LONGBRIDGE LANE DERBY, ENGLAND, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.132 UNISEAL, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.133 UNISEAL, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.134 UNISEAL, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.135 UNISEAL, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.136 UNISEAL, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.137 Wesco 1 LLP	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.138 Wesco 1 LLP	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.139 Wesco 1 LLP	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.140 Wesco 1 LLP	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.141 Wesco 1 LLP	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.142 Wesco 2 LLP	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.143 Wesco 2 LLP	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.144 Wesco 2 LLP	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.145 Wesco 2 LLP	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.146 Wesco 2 LLP	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.147 Wesco Aircraft Canada Inc.	2000 32ND AVENUE UNIT 2701 LACHINE, QC H8T 3H7 CANADA	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.148 Wesco Aircraft Canada Inc.	2000 32ND AVENUE UNIT 2701 LACHINE, QC H8T 3H7 CANADA	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.149 Wesco Aircraft Canada Inc.	2000 32ND AVENUE UNIT 2701 LACHINE, QC H8T 3H7 CANADA	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.150 Wesco Aircraft Canada, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.151 Wesco Aircraft Canada, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.152 Wesco Aircraft Canada, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.153 Wesco Aircraft Canada, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.154 Wesco Aircraft Canada, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.155 Wesco Aircraft EMEA, Ltd.	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.156 Wesco Aircraft EMEA, Ltd.	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.157 Wesco Aircraft EMEA, Ltd.	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.158 Wesco Aircraft EMEA, Ltd.	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.159 Wesco Aircraft EMEA, Ltd.	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.160 Wesco Aircraft Europe Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.161 Wesco Aircraft Europe Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.162 Wesco Aircraft Europe Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.163 Wesco Aircraft Europe Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.164 Wesco Aircraft Europe Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.165 Wesco Aircraft Hardware Corp.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.166 Wesco Aircraft Hardware Corp.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.167 Wesco Aircraft Hardware Corp.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.168 Wesco Aircraft Hardware Corp.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.169 Wesco Aircraft Hardware Corp.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.170 Wesco Aircraft Holdings, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.171 Wesco Aircraft Holdings, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.172 Wesco Aircraft Holdings, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.173 Wesco Aircraft Holdings, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.174 Wesco Aircraft Holdings, Inc.	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.175 Wesco Aircraft International Holdings Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.176 Wesco Aircraft International Holdings Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.177 Wesco Aircraft International Holdings Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.178 Wesco Aircraft International Holdings Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.179 Wesco Aircraft International Holdings Limited	50 LONGBRIDGE LANE DERBY, DERBYSHIRE, DE24 8UJ UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.180 Wesco Aircraft SF, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.181 Wesco Aircraft SF, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.182 Wesco Aircraft SF, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.183 Wesco Aircraft SF, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.184 Wesco Aircraft SF, LLC	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.185 Wesco LLC 1	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.186 Wesco LLC 1	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.187 Wesco LLC 1	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.188 Wesco LLC 1	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.189 Wesco LLC 1	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.190 Wesco LLC 2	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.191 Wesco LLC 2	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.192 Wesco LLC 2	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.193 Wesco LLC 2	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.194 Wesco LLC 2	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.195 Wolverine Intermediate Holding II Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.196 Wolverine Intermediate Holding II Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.197 Wolverine Intermediate Holding II Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.198 Wolverine Intermediate Holding II Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Haas Group International, LLC

Case number (if known): 23-90691

Name

**Additional Page if Debtor Has More Codebtors**

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.199 Wolverine Intermediate Holding II Corporation	2601 MEACHAM BLVD. SUITE 400 FORT WORTH, TX 76137	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.200 Wolverine UK Holdco Limited	100 NEW BRIDGE STREET LONDON, ENGLAND, EC4V 6JA UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.201 Wolverine UK Holdco Limited	100 NEW BRIDGE STREET LONDON, ENGLAND, EC4V 6JA UNITED KINGDOM	BANK OF AMERICA, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.202 Wolverine UK Holdco Limited	100 NEW BRIDGE STREET LONDON, ENGLAND, EC4V 6JA UNITED KINGDOM	BARCLAYS BANK PLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.203 Wolverine UK Holdco Limited	100 NEW BRIDGE STREET LONDON, ENGLAND, EC4V 6JA UNITED KINGDOM	BOKF, NA	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.204 Wolverine UK Holdco Limited	100 NEW BRIDGE STREET LONDON, ENGLAND, EC4V 6JA UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.205			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.206			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case and this filing:**Debtor name Haas Group International, LLCUnited States Bankruptcy Court for the: Southern District of Texas, Houston DivisionCase number (If known) 23-90691**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 \_\_\_\_\_
- 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 08/07/2023  
MM / DD / YYYY

**X** /s/ Raymond Carney  
Signature of individual signing on behalf of debtor

Raymond Carney  
Printed name  
Chief Financial Officer  
Position or relationship to debtor