Fill in this information to identify the case:						
United States Bankruptcy Court for the:						
	District of Delaware					
	(State)					
Case number ( <i>if known</i> ):			Chapter	11		

□ Check if this is an amended filing

06/22

# Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy** 

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1.	Debtor's name	QLess, Inc.			
2.	All other names debtor used in the last 8 years Include any assumed names, trade names, and <i>doing business</i> <i>as</i> names				
3.	Debtor's federal Employer Identification Number (EIN)	27-1155885			
4.	Debtor's address	Principal place 21 Miller Alley, S		<b>of business</b> 21 Miller Alley, Sui	f different from principal place
		Number Street		Number Street	
				P.O. Box	
		Pasadena	CA 91105	Pasadena	CA 91105
		City	State ZIP Code	City	State ZIP Code
		Los Angeles Cou	intv	Location of princi principal place of	pal assets, if different from business
		County		21 Miller Alley, Sui	te 210
				Number Street	
				Pasadena	CA 91105
				City	State ZIP Code
5.	Debtor's website (URL)	www.gless.com			



Debto	or <u>QLess, Inc.</u> Name	Case number ( <i>if known</i> )					
6.	Type of debtor	<ul> <li>☑ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))</li> <li>□ Partnership (excluding LLP)</li> <li>□ Other. Specify:</li> </ul>					
7.	Describe debtor's business	A. Check one: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Railroad (as defined in 11 U.S.C. § 101(44)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) Clearing Bank (as defined in 11 U.S.C. § 781(3)) None of the above					
		<ul> <li>B. Check all that apply:</li> <li>□ Tax-exempt entity (as described in 26 U.S.C. § 501)</li> <li>□ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)</li> <li>□ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))</li> </ul>					
		<ul> <li>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <a href="http://www.uscourts.gov/four-digit-national-association-naics-codes">http://www.uscourts.gov/four-digit-national-association-naics-codes</a>.</li> <li>6 1 9</li> </ul>					
8.	Under which chapter of the Bankruptcy Code is the debtor filing? A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.	Check one:         □ Chapter 7         □ Chapter 9         ⊠ Chapter 11. Check all that apply:         □ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).         □ A plan is being filed with this petition.         □ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).         □ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.					
9.	Were prior bankruptcy cases filed by or against the debtor within the last 8 years?	☑ No     □ Yes District      When     Case number					
	If more than 2 cases, attach a separate list.	District When Case number MM / DD / YYYY					

Official Form 201 page 2 Voluntary Petition for Non-Individuals Filing for Bankruptcy

Debto	orQLess, Inc Name		Ca	se number ( <i>if known</i> )		
10.	Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?	⊠ No □ Yes	Debtor		Relationship When	
	List all cases. If more than 1, attach a separate list.		Case Number, if kr	nown		
11.	Why is the case filed in <i>this</i> district?	Check all t	that apply:			
	usinci?	days in any oth	nmediately precedi ner district. ruptcy case conce	le, principal place of business, or ng the date of this petition or for a rning debtor's affiliate, general pa	a longer part of suc	h 180 days than in
12.	Does the debtor own or have possession of any real property or personal property that needs immediate attention?	needeo Why □ It sa	d does the property poses or is alleged afety.	ch property that needs immediate <b>need immediate attention?</b> ( <i>Cl</i> I to pose a threat of imminent and	neck all that apply.)	
		□ Itr □ It at	includes perishable tention (for exampl lated assets or oth	ally secured or protected from the e goods or assets that could quick le, livestock, seasonal goods, me er options).	kly deteriorate or lo	
		Where is t	the property?	Number Street		
				City	State	Zip Code
		□ No □ Yes	perty insured? Insurance agency Contact name			
			Phone			
	Statistical and administrative	e informat	ion			
13.	Debtor's estimation of available funds		will be available for ny administrative e>	distribution to unsecured creditor penses are paid, no funds will be		bution to
14.	Estimated number of creditors	<ul> <li>☑ 1-49</li> <li>☑ 50-99</li> <li>☑ 100-199</li> <li>☑ 200-999</li> </ul>		□ 1,000-5,000 □ 5,001-10,000 □ 10,001-25,000	□ 25,001-5 □ 50,001-1 □ More tha	00,000

Case 24-11395 Doc 1 Filed 06/19/24 Page 4 of 316

	<ul> <li>\$0-\$50,000</li> <li>\$50,001-\$100,000</li> <li>\$100,001-\$500,000</li> <li>\$500,001-\$1 million</li> <li>\$0-\$50,000</li> <li>\$50,001-\$100,000</li> <li>\$100,001-\$500,000</li> <li>\$500,001-\$1 million</li> </ul> ation, and Signatures crime. Making a false statement in //ears, or both. 18 U.S.C. §§ 152, 1 The debtor requests relief in in this petition. I have been authorized to fille I have examined the informative and correct.	accordance with the chapter of title 1 e this petition on behalf of the debtor. ation in this petition and have a reason erjury that the foregoing is true and con	1, United States Code, specified able belief that the information is
stimated liabilities Request for Relief, Declara NG Bankruptcy fraud is a serious or imprisonment for up to 20 y eclaration and signature of uthorized representative of	<ul> <li>\$50,001-\$100,000</li> <li>\$100,001-\$500,000</li> <li>\$500,001-\$1 million</li> <li>\$0-\$50,000</li> <li>\$50,001-\$100,000</li> <li>\$100,001-\$500,000</li> <li>\$500,001-\$1 million</li> </ul> ation, and Signatures crime. Making a false statement in //ears, or both. 18 U.S.C. §§ 152, 1 The debtor requests relief in in this petition. I have been authorized to filled in the information of the information. I have been authorized to filled in the information. I have been authorized to filled in the information. I have been authorized to filled in the information. I have been authorized to filled in the information. I have been authorized to filled in the information. The delare under penalty of performance. Executed on06/19/2020	<ul> <li>\$10,000,001-\$50 million</li> <li>\$50,000,001-\$100 million</li> <li>\$100,000,001-\$500 million</li> <li>\$10,000,001-\$500 million</li> <li>\$10,000,001-\$50 million</li> <li>\$50,000,001-\$100 million</li> <li>\$100,000,001-\$500 million</li> <li>\$100,000,001-\$500 million</li> <li>\$100,000,001-\$500 million</li> </ul>	<ul> <li>\$1,000,000,001-\$10 billion</li> <li>\$10,000,000,001-\$50 billion</li> <li>More than \$50 billion</li> <li>\$500,000,001-\$1 billion</li> <li>\$1,000,000,001-\$10 billion</li> <li>\$10,000,000,001-\$50 billion</li> <li>More than \$50 billion</li> </ul>
Request for Relief, Declara NG Bankruptcy fraud is a serious or imprisonment for up to 20 y eclaration and signature of uthorized representative of	<ul> <li>\$50,001-\$100,000</li> <li>\$100,001-\$500,000</li> <li>\$500,001-\$1 million</li> <li>ation, and Signatures</li> </ul> crime. Making a false statement in /ears, or both. 18 U.S.C. §§ 152, 1 The debtor requests relief in in this petition. I have been authorized to fill I have examined the informature and correct. I declare under penalty of period Executed on06/19/202	<ul> <li>\$10,000,001-\$50 million</li> <li>\$50,000,001-\$100 million</li> <li>\$100,000,001-\$500 million</li> <li>\$100,000,001-\$500 million</li> </ul>	<ul> <li>\$1,000,000,001-\$10 billion</li> <li>\$10,000,000,001-\$50 billion</li> <li>More than \$50 billion</li> </ul> an result in fines up to \$500,000 1, United States Code, specified able belief that the information is
NG Bankruptcy fraud is a serious or imprisonment for up to 20 y eclaration and signature of uthorized representative of	crime. Making a false statement in /ears, or both. 18 U.S.C. §§ 152, 1 The debtor requests relief in in this petition. I have been authorized to fill I have examined the informa true and correct. I declare under penalty of pe Executed on06/19/202	341, 1519, and 3571. accordance with the chapter of title 1 e this petition on behalf of the debtor. ation in this petition and have a reason erjury that the foregoing is true and con	1, United States Code, specified able belief that the information is
or imprisonment for up to 20 y eclaration and signature of uthorized representative of	vears, or both. 18 U.S.C. §§ 152, 1 The debtor requests relief in in this petition. I have been authorized to file I have examined the informa true and correct. I declare under penalty of pe Executed on06/19/2020	341, 1519, and 3571. accordance with the chapter of title 1 e this petition on behalf of the debtor. ation in this petition and have a reason erjury that the foregoing is true and con	1, United States Code, specified able belief that the information is
eclaration and signature of uthorized representative of	The debtor requests relief in in this petition. I have been authorized to file I have examined the informative true and correct. I declare under penalty of per Executed on06/19/2020	accordance with the chapter of title 1 e this petition on behalf of the debtor. ation in this petition and have a reason erjury that the foregoing is true and con	able belief that the information is
	Executed on06/19/202	4	rrect.
	/s/ James Harvey	James Harvo	ey
	Signature of authorized repr	resentative of debtor Printed name	
ignature of attorney	/s/ James E. O'Neill Signature of attorney for del	Date 06/19 btor MM /	/2024 DD / YYYY
	James E. O'Neill		
	Firm name		
	919 North Market Street, 17 Number Street	th Floor	
	Wilmington	DF	19899
	City	State	ZIP code
	(302) 652-4100 Contact phone		
	4042 Bar number	Delaware State	
		Printed name <u>Pachulski Stang Ziehl &amp; Jon</u> Firm name <u>919 North Market Street, 17</u> Number Street <u>Wilmington</u> City <u>(302) 652-4100</u> Contact phone <u>4042</u>	Printed name         Pachulski Stang Ziehl & Jones LLP         Firm name         919 North Market Street, 17 <sup>th</sup> Floor         Number       Street         Wilmington       DE         City       State

#### ANNEX 1 – AFFILIATED DEBTORS

The following list identifies all of the affiliated entities, including the Debtor filing this petition, that have filed voluntary petitions for relief in this Court under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101 *et seq.*, as amended, substantially contemporaneously with the filing of this petition.

	DEBTOR'S NAME	<b>DEBTOR'S EIN</b>
1.	Qless, Inc.	27-1155885

#### RESOLUTIONS OF THE BOARD OF DIRECTORS OF QLESS, INC.

The Board of Directors (the "**Board**") of QLess, Inc., a Delaware corporation (the "**Company**"), held a duly-called and -convened special meeting of the Board on June 18, 2024, where the following resolutions were adopted by unanimous vote in the presence of a quorum.

#### WHEREAS:

A. The Board has reviewed and considered the Company's financial and operational condition and circumstances, the Company's historical performance, the market for the Company's products and services, and the Company's current and long-term liabilities;

B. The Board has, over the last several months, reviewed the materials presented to them by the management of and the advisors to the Company regarding the possible need to undertake a financial and operational restructuring of the Company; and

C. The Board has analyzed each of the financial and strategic alternatives available to the Company, including those available on a consensual basis with the Company's principal stakeholders and the impact, benefits, and burdens of those alternatives on the Company's business, long-term debt obligations, and the interest of the Company's stakeholders.

In the exercise of the Board's best and reasonable business judgment, after due deliberation and consultation with the Company's financial and legal advisors,

#### **IT IS RESOLVED that:**

1. It is desirable and in the best interests of the Company, its creditors, employees, equity holders, and other interested parties that the Company inter into a reorganization process by filing a voluntary petition in the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court") seeking relief under the provisions of Chapter 11, Subchapter V of the U.S. Bankruptcy Code, commencing a Chapter 11, Subchapter V bankruptcy case for the Company (the "Case");

2. The Company's officers, James Harvey as Chief Executive Officer and Andrew De Camara as Chief Restructuring Officer (each, an "Authorized Officer"), are authorized on the Company's behalf to execute, verify, and file all petitions, schedules, lists, and other papers or documents, and to take and perform any further actions and steps that he deems necessary, desirable, and proper to successfully commence and prosecute the Case;

3. Each Authorized Officer, on the Company's behalf, is authorized and directed to retain the law firm of Pachulski Stang Ziehl & Jones LLP ("**PSZJ**") as general bankruptcy counsel to represent and assist the Company in carrying out its objectives and duties under Chapter 11 of the Bankruptcy Code, to take any actions deemed necessary, desirable, and proper to advance

the Company's rights and objectives in connection with the Case, and to execute appropriate retention agreements, pay appropriate retainers before the filing of the Case, and to cause to be filed an appropriate application for Bankruptcy Court authority to employ PSZJ under Bankruptcy Code § 327(a);

4. Each Authorized Officer, on the Company's behalf, is authorized and directed to retain the services of Sherwood Partners as the Company's financial advisor, effective as of the date the Case is filed and to execute appropriate retention agreements, pay appropriate retainers before the filing of the Case, and to cause to be filed an appropriate application for Bankruptcy Court authority to employ Sherwood Partners under Bankruptcy Code § 328;

5. Each Authorized Officer, on the Company's behalf, is authorized and directed to retain the services of Kurtzman Carson Consultants LLC ("**KCC**") as the Company's claims, noticing, solicitation agent, effective as of the filing of the Case and to execute appropriate retention agreements, pay appropriate retainers before the filing of the Case, and to cause to be filed an appropriate application for Bankruptcy Court authority to engage KCC's services;

6. Each Authorized Officer is authorized and directed to employ any other professionals necessary to assist such Company in carrying out its duties under the Bankruptcy Code, to execute appropriate retention agreements, pay appropriate retainers, and cause to be filed appropriate applications with the Bankruptcy Court for authority to retain the services of any other professionals, as necessary, and on terms deemed necessary, desirable, and proper;

7. Each Authorized Officer be and hereby is authorized to make decisions with respect to all aspects of the management and operation of the Company's business including organization, human resources, marketing, sales, logistics, finance, and the administration and oversight of the prosecution of the Case, including bankruptcy-related reporting requirements, filing of the Statement of Financial Affairs, Schedules of Assets and Liabilities, negotiation and filing of a Chapter 11 plan (and any related disclosure statement, as required), claims management, managing outside professionals, and any other task he identifies as necessary or appropriate in his sole and reasonable discretion consistent with the business judgment rule, subject only to appropriate governance by the Board, in accordance with the Company's governing documents, applicable bankruptcy and non-bankruptcy law, and orders of the Bankruptcy Court;

8. Each Authorized Officer is authorized and directed on the Company's behalf to obtain junior secured post-petition financing (the "**DIP Loan**") provided by Palisades Growth Capital Fund II or its designee ("**Palisades**") according to terms negotiated by the Company and set forth in the *Binding Debtor In Possession Credit Facility Term Sheet* dated as of June 19, 2024, by and between the Company and Palisades (the "**DIP Term Sheet**"), to grant liens on the Company's assets as may be contemplated by or required under the DIP Term Sheet and any Bankruptcy Court orders approving the DIP Loan or the use of cash collateral or both, and to execute appropriate loan agreements, cash collateral agreements, and related ancillary documents to obtain the DIP Loan and use of cash collateral, including the filing of appropriate motions in the Case to obtain the Bankruptcy Court's approval of the DIP Loan and use of cash collateral;

9. Each Authorized Officer is authorized and directed on the Company's behalf to take any actions, to execute, deliver, certify, file and record and perform any documents,

agreements, instruments, motions, declarations, applications for approvals or rulings of governmental or regulatory authorities, and certificates, and to take any actions and steps he deems necessary or desirable to carry out the purpose and intent of each of the foregoing resolutions and to effect a successful Case; and

10. Any actions taken by any Authorized Officer or the Board in the name and on behalf of the Company in furtherance of the purpose and intent of any of the foregoing resolutions are ratified, confirmed, and approved in all respects.

Dated June 18, 2024

/s/ James Harvey

James Harvey Corporate Secretary

#### UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE

In re:

Chapter 11, Subchapter V

QLESS, INC.,

Debtor.

Case No. 24-\_\_\_\_(\_\_\_)

#### CONSOLIDATED CORPORATE OWNERSHIP STATEMENT AND LIST OF EQUITY SECURITY HOLDERS

Under Rules 1007(a)(1), 1007(a)(3), and 7007.1 of the Federal Rules of Bankruptcy

Procedure, the following is a list of any corporation, other than a governmental unit, that directly or

indirectly owns 10% or more of any class of equity interests in the above-captioned debtor.

#### List of Equity Security Holders<sup>1</sup>

Equity Holder	Percentage of Equity Held
Palisades Growth Capital II, L.P. Anders Richardson c/o Palisades Growth Capital, LLC 11726 San Vincente Blvd., Ste 450 Los Angeles, CA 90049 Email: anders@palisadesgrowth.com	34.882%
Qtech Acquisition LLC Nathaniel Hockman c/o Bergen Cove Realty 641 Lexington Ave, 29 <sup>th</sup> Floor New York, NY 10022 Email: nhhochman@gmail.com	24.975%
TABLE Holdings, L.P. William A. Ackman 787 Eleventh Avenue New York, NY 10019 Email: deals@tablemgmt.com	13.393%

<sup>&</sup>lt;sup>1</sup> This list serves as the disclosure required to be made by the debtor pursuant to Rule 1007 of the Federal Rules of Bankruptcy Procedure. All equity positions listed indicate the record holder of such equity as of the date of commencement of the chapter 11 case.

#### Case 24-11395 Doc 1 Filed 06/19/24 Page 10 of 316

Fill in this information to identify the case:

Debtor Name <u>Qless, Inc.</u>

United States Bankruptcy Court for the District of Delaware

□ Check if this is an amended filing

12/15

Case number (if known)		_	
Official Form 204			
Chapter 11 or Chapter	r 9 Cases: List of Creditors V	Who Have the 20 Largest Unse	ecured Claims
and Are Not Insiders		-	

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	e of creditor and complete ing address, including zip e	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	If the claim is unsecured cla partially secur and deduction setoff to calcu Total Claim, if partially	secured claim fully unsecured, im amount. If claid, for value of col late unsecured Deduction for value of collateral	fill in only aim is aim amount lateral or
1.	Cerocaru Investment Trust 1200 Cortez Drive Gendale, CA 91207	Cerocaru Investment Trust 1200 Cortez Drive Gendale, CA 91207 heliberto.cano@gmail.com	Shareholder	Contingent	secured	or setoff \$249,998.61	
2.	Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101- 7346	Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346	Tax Lien	Contingent Disputed		\$234,000.00	
3.	Tom Mitchell	ADDRESS REDACTED	Shareholder	Contingent		\$216,665.17	
4.	US Small Business Administration Office of the General Counsel 312 North Spring Street, 5th Floor Los Angeles, CA 90012	US Small Business Administration Office of the General Counsel 312 North Spring Street, 5th Floor Los Angeles, CA 90012	Excess loan amount	Contingent Unliquidated		\$151,793.00	
5.	Mark Wood	ADDRESS REDACTED	Shareholder	Contingent		\$112,499.35	
6.	KBB Capital LLC 444 Mount Auburn St., #5 Watertown, MA 02472	KBB Capital LLC 444 Mount Auburn St., #5 Watertown, MA 02472 kbb@kbbcapital.io	Shareholder	Contingent		\$99,998.96	
7.	Wolflick Khachaturian & Bouayad APC 130 N. Brand Boulevard, Suite 410 Glendale, CA 91203	Wolflick Khachaturian & Bouayad APC 130 N. Brand Boulevard, Suite 410 Glendale, CA 91203 greg@wolfsim.com	Professional Services			\$91,872.52	
8.	Potter Anderson & Corroon LLP 1313 North Market Street Wilmington, DE 19899	Potter Anderson & Corroon LLP 1313 North Market Street Wilmington, DE 19899 tleavengood@potteranderson.com	Professional Services			\$67,408.90	
9.	Stubbs Alderton & Markiles, LLP 15260 Ventura Blvd. 20 <sup>th</sup> Fl Sherman Oaks, CA 91403	Stubbs Alderton & Markiles, LLP 15260 Ventura Blvd. 20 <sup>th</sup> Fl Sherman Oaks, CA 91403 salderton@stubbsalderton.com	Professional Services			\$46,900.00	
10.	Dailey LLP 218 W. Front Street Media, PA 19063	Dailey LLP 218 W. Front Street Media, PA 19063 asauder@daileyllp.com	Professional Services			\$44,723.65	

# Case 24-11395 Doc 1 Filed 06/19/24 Page 11 of 316

	e of creditor and complete ing address, including zip	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	If the claim is unsecured cla partially secur and deduction	nsecured claim fully unsecured, im amount. If cl red, fill in total cl n for value of col late unsecured Deduction for value of collateral or setoff	fill in only aim is aim amount lateral or
11.	Wilks Law LLC 4250 Lancaster Pike Ste 200 Wilmington, DE 19805	Wilks Law LLC 4250 Lancaster Pike Ste 200 Wilmington, DE 19805 sczerwonka@wilks.law	Professional Services			\$30,352.64	
12.	Ricardo Backer	ADDRESS REDACTED	Shareholder	Contingent		\$24,998.91	
13.	Insivia Technologies, LLC P.O. Box 470164 Broadview Heights, OH 44147	Insivia Technologies, LLC P.O. Box 470164 Broadview Heights, OH 44147 customerservice@jmcbiz.com katy@insivia.com	Professional Services			\$20,000.00	
14.	Chipman Brown Cicero & Cole, LLP 1313 N. Market Street Ste. 5400 Wilmington, DE 19801	Chipman Brown Cicero & Cole, LLP 1313 N. Market Street Ste. 5400 Wilmington, DE 19801	Professional Services			\$17,332.44	
15.	Xianzhong "Dave" Chen	ADDRESS REDACTED	Shareholder	Contingent		\$13,331.96	
16.	AAA American Arbitration Association 120 Broadway Fl 21 New York, NY 10271	AAA American Arbitration Association 120 Broadway FI 21 New York, NY 10271 daphnecrayne@adr.org	Professional Services			\$10,000.00	
17.	Providence Partners LLC 2618 San Miguel Drive #265 Newport Beach, CA 92660	Providence Partners LLC 2618 San Miguel Drive #265 Newport Beach, CA 92660 crista@certus1.com	Unpaid rent			\$8,506.45	
18.	Comcast PO Box 37601 Philadelphia, PA 19101	Comcast PO Box 37601 Philadelphia, PA 19101	Utilities			\$655.81	
19.	Scherzer International 21550 Oxnard St, Ste 1050 Woodland Hills, CA 91367	Scherzer International 21550 Oxnard St, Ste 1050 Woodland Hills, CA 91367 ar@scherzer.com	Professional Services			\$380.00	
20.							

Fill in this informa	ation to identify the case:	
Debtor name	Qless, Inc.	
United States Bank	cruptcy Court for the:	District of Delaware (State)
Case number (If kr	nown):	

# 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)

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

Executed on

MM/DD/YYYY

x /s/ James Harvey Signature of individual signing on behalf of debtor

James Harvey Printed Name

CEO

Position or relationship to debtor

Other document that requires a declaration <u>Consolidated Corporate Ownership Statement and List of Equity Security</u> <u>Holders</u>

#### FINANCIAL STATEMENTS

#### **Balance Sheet as of June 19, 2024**

# Case 24-11395 Doc 1 Filed 06/19/24 Page 14 of 316

# QLESS, INC Balance Sheet As of June 19, 2024

	Total
ASSETS	
Cash	115,331.72
Accounts Receivable, Net	744,356.47
Other Current Assets	216,207.46
Total Current Assets	1,075,895.65
Fixed Assets, net	94,948.13
Capitalized Software, net	4,079,455.63
Other Assets	205,308.61
Total Assets	5,455,608.02
LIABILITIES AND EQUITY	
Accounts Payable	373,857.89
Accrued Expenses	144,500.00
Accrued Interest Payable	194,513.00
Deferred Revenue	5,148,359.63
Other Current Liabilities	1,073,677.27
Total Current Liabilities	6,934,907.79
Celtic Bank Term Loan	6,250,000.00
Debt Issuance Cost	(50,650.96)
Lease Liability Long Term (ASC 842)	120,033.37
Other Long Term Liabilities	250,000.00
Total Liabilities	13,504,290.20
Equity	(8,048,682.18)
TOTAL LIABILITIES AND EQUITY	5,455,608.02

Statement of Operations (P&L)

# QLESS, INC Profit and Loss January 1 - June 19, 2024

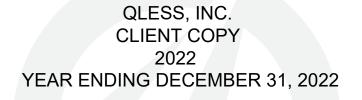
	Total
Revenue	4,235,352.59
Cost of Revenue	1,194,264.95
Gross Profit	3,041,087.64
Payroll & Employee Expenses	1,812,811.88
Outsourced Product & Development	1,293,429.00
Contractors & Professional Services	552,918.17
Sales & Marketing Expenses	424,438.72
Technology Expenses	241,597.38
Office and Rent	60,537.78
General & Administrative Expenses	70,203.99
Travel Related Expenses	91,166.90
Taxes & Licenses	42,922.28
Total Expenses	4,590,026.10
Net Operating Income	(1,548,938.46)
Other Income	(47,848.54)
Interest Expense	446,772.96
Extraordinary Professional Expenses	1,074,341.88
Depreciation & Amortization	427,226.53
Other (Income) / Expense	1,900,492.83
Net Income	(3,449,431.29)

# <u>Cash-Flow Statement</u> January 1 – June 19, 2024

# QLESS, INC Statement of Cash Flows January 1 - June 19, 2024

	Total
OPERATING ACTIVITIES	
Net Income	(3,449,431.29)
Adjustments to reconcile Net Income to Net Cash provided by operations:	
Accounts Receivable	419,371.28
Prepaid Expenses	(90,360.38)
Accumulated Depreciation	16,027.88
Accumulated Amortization	411,198.65
Accounts Payable	80,608.73
Credit Card	(110,352.51)
Accrued Expenses	20,053.57
Accrued Interest Payable	101,180.00
Deferred Revenue	(776,877.49)
Payroll Liabilities	(40,000.00)
Sales tax payable	2,645.40
Lease Liability Short Term (ASC 842)	(8,210.42)
Total Adjustments to reconcile Net Income to Net Cash provided by operations	25,284.71
Net cash provided by operating activities	(3,424,146.58)
INVESTING ACTIVITIES	
Right of Use Lease Asset	37,102.11
Net cash provided by investing activities	37,102.11
FINANCING ACTIVITIES	
Debt Issuance Cost	14,009.82
Lease Liability Long Term (ASC 842)	(39,729.26)
Other Long Term Liabilities	250,000.00
Additional Paid in Capital	2,075.10
Net cash provided by financing activities	226,355.66
Net cash increase for period	(3,160,688.81)
Cash at beginning of period	3,276,020.53
Cash at end of period	115,331.72

<u>Federal Income Tax Return</u> <u>Year Ending December 31, 2022</u>







OCTOBER 8, 2023

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

DEAR NICK:

WE HAVE PREPARED THE FOLLOWING TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

2022 U.S. CORPORATION INCOME TAX RETURN

2022 ARIZONA CORPORATION INCOME TAX RETURN

2022 CALIFORNIA CORPORATION INCOME TAX RETURN

2022 COLORADO CORPORATION INCOME TAX RETURN

2022 DISTRICT OF COLUMBIA CORPORATION INCOME TAX RETURN

2022 FLORIDA CORPORATION INCOME TAX RETURN

2022 GEORGIA CORPORATION INCOME TAX RETURN

2022 IDAHO CORPORATION INCOME TAX RETURN

2022 KANSAS CORPORATION INCOME TAX RETURN

2022 MASSACHUSETTS CORPORATION INCOME TAX RETURN

2022 NEW JERSEY CORPORATION INCOME TAX RETURN

2022 OREGON CORPORATION INCOME TAX RETURN

2023 TEXAS FRANCHISE TAX REPORT

2022 VIRGINIA CORPORATION INCOME TAX RETURN

PLEASE RETAIN ALL TAX RECORDS, CANCELLED CHECKS AND OTHER DOCUMENTS THAT WERE USED IN THE PREPARATION OF THESE RETURNS, AS THIS INFORMATION MAY BE REQUESTED SHOULD A FEDERAL OR STATE TAXING AUTHORITY EXAMINE YOUR RETURN.

YOUR COPY HAS EITHER BEEN INCLUDED IN THIS PACKAGE OR SENT TO YOU ELECTRONICALLY. PLEASE RETAIN FOR YOUR FILES.

INSTRUCTIONS FOR FILING THE ABOVE IS INCLUDED FOR EASY REFERENCE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.



VERY TRULY YOURS,

DARIN JAMES



# IMPORTANT PLEASE RESPOND IMMEDIATELY

### EFILE SIGNATURE AUTHORIZATION FORM(S)

#### \*\*URGENT – NEW E-FILING RULE WITH MAJOR IMPACT\*\*

DUE TO MORE STRINGENT STATE REQUIREMENTS REGARDING E-FILED RETURNS, WE MUST RECEIVE YOUR E-FILE FORMS WITHIN THE NEXT 5 DAYS OR BY RETURN'S DUE DATE IF EARLIER. IF NOT RECEIVED, YOUR E-FILING MAY BE DELAYED AND A HIGH LIKELIHOOD THAT WE WILL NEED YOU TO RE-SIGN AND DATE ONE OR MORE E-FILE FORMS.

PLEASE REVIEW YOUR TAX RETURN(S) <u>IMMEDIATELY</u>! YOUR TAX RETURN(S) <u>CANNOT BE FILED</u> BY US UNTIL WE RECEIVE THE ENCLOSED AUTHORIZATION FORM(S) FROM YOU AUTHORIZING US TO FILE THE ATTACHED FORMS!

# CURRENTLY, THE IRS WILL ACCEPT AN ELECTRONIC SIGNATURE FOR ALL FEDERAL E-FILE FORMS.

AS THE STATE/LOCAL RULES MAY VARY, MANUAL SIGNATURES ARE RECOMMENDED ON SUCH E-FILE AUTHORIZATION FORMS.

#### **RETURN THE SIGNED AND DATED AUTHORIZATION FORM(S) VIA:**

- EMAIL: LOSAEFILE@COHNREZNICK.COM
- FAX: (310) 598-1667
- SECURE UPLOAD VIA SHAREFILE WEB SOLUTION: CLICK <u>THIS LINK</u> TO ACCESS USE OTHER RETURN OPTIONS IF UNABLE TO ACCESS SHAREFILE LINK

IF AN ELECTRONIC PAYMENT IS BEING MADE WITH THE RETURN(S), PLEASE NOTIFY YOUR BANKING INSTITUTION OF THE PENDING WITHDRAWAL AND ENSURE THAT YOU HAVE VERIFIED YOUR BANK ACCOUNT NUMBER AND WITHDRAWAL AMOUNTS WITH YOUR ENGAGEMENT TEAM.

WE APPRECIATE YOUR EFFORTS TO RETURN THE COMPLETED ENCLOSED FORM(S) AS SOON AS POSSIBLE.

THANK YOU,

CohnReynickIIP

COHNREZNICK LLP



Case 24-11395 Doc 1 Filed 06/19/24 Page 24 of 316

#### 2022 TAX RETURN FILING INSTRUCTIONS

U.S. CORPORATION INCOME TAX RETURN

#### FOR THE YEAR ENDING

DECEMBER 31, 2022

#### PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

#### PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

#### AMOUNT OF TAX:

TOTAL TAX	\$ 0
LESS: PAYMENTS AND CREDITS	\$ 0
PLUS: INTEREST AND PENALTIES	\$ 0
NO PAYMENT REQUIRED	\$ 0

#### **OVERPAYMENT:**

NOT APPLICABLE

#### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-CORP TO OUR OFFICE. WE WILL TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS, AND NO FURTHER ACTION IS REQUIRED. THIS SIGNED FORM WILL ALSO AUTHORIZE US TO TRANSMIT OTHER RETURNS THAT DO NOT HAVE THEIR OWN GOVERNMENT AUTHORIZATION FORM.

#### **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FEDERAL FORM 8879-CORP TO US BY OCTOBER 16, 2023.

**SPECIAL INSTRUCTIONS:** 

# Two-Year Comparison



Employer Identification Number

QLESS, INC.			27-1155885
Description	Prior Year	Current Year	Increase (Decrease)
INCOME:			
GROSS RECEIPTS OR SALES LESS RETURNS AND ALLOWANCES COST OF GOODS SOLD GROSS PROFITS INTEREST OTHER INCOME TOTAL INCOME	8,326,472. 2,213,868. 6,112,604. 0. -974. 6,111,630.	8,481,60 2,772,09 5,709,51 21,62 -164,64 5,566,48	90.         558,222.           L0.         -403,094.           23.         21,623.           49.         -163,675.
DEDUCTIONS:			
COMPENSATION OF OFFICERS SALARIES AND WAGES LESS	500,000.	535,44	48. 35,448.
EMPLOYMENT CREDITS RENTS TAXES AND LICENSES INTEREST DEPRECIATION ADVERTISING EMPLOYEE BENEFIT PROGRAMS OTHER DEDUCTIONS TOTAL DEDUCTIONS TAXABLE INCOME:	3,718,270. 98,108. 73,563. 783,580. 7,775. 526,405. 485,035. 5,583,709. 11,776,445.	2,933,94 177,20 370,20 242,26 37,80 877,08 441,28 4,940,57 10,555,79	00.       79,092.         296,644.       296,644.         50.       -541,320.         30.       30,028.         32.       350,677.         30.       -43,755.         77.       -643,132.
TAXABLE INCOME BEFORE NOL DEDUCTION AND SPECIAL DEDUCTIONS TAXABLE INCOME	-5,664,815. -5,664,815.	-4,989,31 -4,989,31	
TAX COMPUTATION:			
TAX BEFORE CREDITS	0.		0. 0.
TAX AFTER CREDITS	0.		0. 0.
TOTAL TAX	0.		0. 0.
PAYMENTS AND CREDITS:			
BALANCE DUE OR REFUND:			
SCHEDULE M-1:			
NET INCOME (LOSS) PER BOOKS FEDERAL INCOME TAX PER BOOKS	-5,843,739. 2,921.		-

212841 04-01-22

Name

# Two-Year Comparison



Employer Identification Number

		27-1155885		
QLESS, INC.	SS, INC.			
Description	Prior Year	Current Year	Increase (Decrease)	
BOOK EXPENSES NOT ON RETURN INCOME ON BOOKS NOT ON RETURN RETURN DEDUCTIONS NOT ON BOOKS INCOME PER RETURN	1,542,257. 1,130,767. 235,487. -5,664,815.	109,97	01,130,767. 74125,513.	
SCHEDULE M-2:				
SCHEDULE M-2: BALANCE AT BEGINNING OF YEAR - UNAPPROPRIATED RETAINED EARNINGS NET INCREASES OTHER INCREASES BALANCE AT END OF YEAR - UNAPPROPRIATED RETAINED EARNINGS	-24,818,855. -5,843,739. 2. 0. -30,662,592.	-5,762,54 373,27	42.       81,197.         0.       -2.         72.       373,272.	

212841 04-01-22

Name

Case 24-11395 Doc 1 Filed 06/19/24 Page 27 of 316

Form 8879-CORP	E-file Authorization for Corporations						
(December 2022)	For calendar year 2022, or tax year beginning , 2022, ending , 20		OMB No. 1545-0123				
Department of the Treasury Internal Revenue Service	For calendar year 2022, or tax year beginning, 2022, ending, 20,	-					
Name of corporation		Emplo	yer identification number				
QLESS, INC.		27-	1155885				
Part I Information	ON (Whole dollars only)	<del></del>					
1 Total income (Form 11	20, line 11)	1	5,566,484.				
2 Total income (Form 11	20-F, Section II, line 11)	2					
3 Total income (loss) (Fo	rm 1120-S, line 6) In and Signature Authorization of Officer. Be sure to get a copy of the	3					
Part II Declaratio	n and Signature Authorization of Officer. Be sure to get a copy of the	e corpo	pration's return.				
(direct debit) entry to the finan on this return, and the finan Agent at <b>1-888-353-4537</b> nd in the processing of the elect the payment. I have selected	d. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate incial institution account indicated in the tax preparation software for payment of the corporation institution to debit the entry to this account. To revoke a payment, I must contact the U to later than 2 business days prior to the payment (settlement) date. I also authorize the finatoric payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the corporation's electronic incorporate to electronic funds withdrawal.	oration's f J.S. Treas ancial inst nd resolv	federal taxes owed aury Financial itutions involved e issues related to				
X I authorize COH	NREZNICK LLP	enter my l	PIN 55885				
	ERO firm name the corporation's electronically filed income tax return.	<b>,</b> .	do not enter all zeros				
	e corporation, I will enter my PIN as my signature on the corporation's electronically filed in	come tax	a return.				
Officer's signature	Date Title SENIC	DR DI	RECTOR				
Part III Certification	on and Authentication						
ERO's EFIN/PIN. Enter your	six-digit EFIN followed by your five-digit self-selected PIN. 96289622147 do not enter all zeros	]					
above. I confirm that I am su	ric entry is my PIN, which is my signature on the electronically filed income tax return for the bmitting this return in accordance with the requirements of <b>Pub. 3112,</b> IRS $e$ -file Applicat e-File (MeF) Information for Authorized IRS $e$ -file Providers for Business Returns.						
ERO's signature <b>COHNRE</b>	ZNICK LLP Date 10/08/	23					
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So						
For Paperwork Reduction	Act Notice, see instructions.	Form 8	879-CORP (12-2022)				
LHA			(12-2022)				

#### Case 24-11395 Doc 1 Filed 06/19/24 Page 28 of 316

Form <b>7004</b>	A
(Rev. December 2018)	
Department of the Treasury Internal Revenue Service	

pplication for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns ▶ File a separate application for each return.

Go to www.irs.gov/Form7004 for instructions and the latest information.

internal neven	Name			Identifying number	
			DEOOD		
Print	QLESS, INC.			27-1155	885
or	Number, street, and room or suite no. (If P.O. box, see in	structions.)			
Туре	21 MILLER ALLEY, SUITE 21				
	City, town, state, and ZIP code (If a foreign address, enter	er city, provinc	e or state, and country (follow the country's practi	ce for entering postal co	ode).)
	PASADENA, CA 91105				
	request for extension by the due date of the return. S		1 0		
	Automatic Extension for Certain Busines			urns. See instru	
	the form code for the return listed below that this app				.   12
Applicatio Is For:	n	Form Code	Application Is For:		Form Code
Form 706-0		01	Form 1120-ND (section 4951 taxes)		20
Form 706-0			Form 1120-PC Form 1120-POL		21 22
	(bankruptcy estate only) (estate other than a bankruptcy estate)	03	Form 1120-FOL		22
Form 1041		04	Form 1120-REI		23
Form 1041		06	Form 1120S		24
Form 1041		07	Form 1120-SF		26
Form 1042		08	Form 3520-A		27
Form 1065		09	Form 8612		28
Form 1066		11	Form 8613		29
Form 1120		12	Form 8725		30
Form 1120		34	Form 8804		31
Form 1120		15	Form 8831		32
Form 1120		16	Form 8876		33
Form 1120		17	Form 8924		35
Form 1120	)·L	18	Form 8928		36
Form 1120	)-ND	19			
Part II	All Filers Must Complete This Part				
2 If the c	organization is a foreign corporation that does not hav	e an office c	r place of business in the United States,		
check	here				. 🕨 🗔
	organization is a corporation and is the common parer				
check	here				. 🕨 🗔
If chec	ked, attach a statement listing the name, address, an	d employer	identification number (EIN) for each member	r	
	ed by this application.				
	organization is a corporation or partnership that qualif		gulations section 1.6081-5, check here		🕨 🛄
	oplication is for calendar year $2022$ , or tax year begi		, and ending		
	tax year. If this tax year is less than 12 months, chec				
	Change in accounting period Consolidated ret	urn to be file	d Other (See instructions - attach ex	planation.)	
					0
6 Tentati	ive total tax			6	0.
					0
7 Total p	payments and credits. See instructions			7	0.
	ee due. Ouktroat line 7 franz line 0. One instructions				0.
	ce due. Subtract line 7 from line 6. See instructions			8	
LHA For	Privacy Act and Paperwork Reduction Act Notice,	see separat	e instructions.	Form <b>7004</b> (Re	ev. 12-2018)

219741 04-01-22

	4	100 U.S.	B95 Doc 1 Filed 06 Corporation Inco				316	j	OMB No. 1545-0123
	ment of t	inc incasury	SION GRANTED TO	•	6/2				2022
A Ch 1a Co (at	tach Foi	ted return m 851) DVPE QLESS	<pre>ww.irs.gov/Form1120 for instruction , INC.</pre>			information.			Employer identification number
da	ted retu	In Indiging co. OR Number, street, a	Ind room or suite no. If a P.O. box, so LLER ALLEY, SUIT:						Date incorporated
			e or province, country, and ZIP or fo			9			Total assets (see instructions)
4 Sc	hedule l	M-3 PASAD	ENA, CA 91105				_	\$	5,671,443.
		E Check if: (1) Initia	al return (2) Final return			change (4)		ress cha	nge
		<b>B</b>				8,481,60	50.	-	
								1c	8,481,600.
	2	Balance. Subtract line 1b from line 1a Cost of goods sold (attach Form 1125-A)						2	2,772,090.
	3	Gross profit. Subtract line 2 from line 1c						3	5,709,510.
e	4	Dividends and inclusions (Schedule C, line 23	)					4	
Income	5	Interest	,	EE SI	TATE	MENT 1		5	21,623.
Ĕ	6	Gross rents						6	
	7	Gross royalties						7	
	8	Capital gain net income (attach Schedule D (F	orm 1120))					8	
	9	Net gain or (loss) from Form 4797, Part II, lin	e 17 (attach Form 4797)					9	1.5.1.5.1.0
		Other income (attach statement)						10	-164,649.
								11	<u>5,566,484</u> 535,448.
;;	12	Compensation of officers (attach Form 1125-E)						12 13	2,933,941.
ions		Salaries and wages (less employment credits)						13	2,555,541.
uct		Repairs and maintenanceBad debts						15	
ded		Rents						16	177,200.
ou		Taxes and licenses	SI	E SI	TATE	MENT 3		17	370,207.
suc	18	Interest (see instructions)						18	242,260.
atic								19	
tions for limitations on deductions.)	20	Depreciation from Form 4562 not claimed on	Form 1125-A or elsewhere on return	(attach F	orm 45	62)		20	37,803.
for	21	Depletion						21	
, su								22	877,082.
ctio		Pension, profit-sharing, etc., plans						23	441,280.
stru								24 25	441,200.
e ing	25 26	Reserved for future use	SI	E ST	ባልጥፑ	мемт 4		25	4,940,577.
Sei								27	10,555,798.
Deductions (See instruc		Taxable income before net operating loss deduction an						28	-4,989,314.
ctic		Net operating loss deduction (see instructions			a		0.		· · ·
edu	b	Special deductions (Schedule C, line 24)			b				
		Add lines 29a and 29b						29c	
Ś	30	Taxable income. Subtract line 29c from line						30	-4,989,314.
Refundable Credits, and Payments	31	Total tax (Schedule J, Part I, line 11)						31	0.
le Ci	32		III line 00)					32	
dab avm	33 34	Total payments and credits (Schedule J, Part Estimated tax penalty. See instructions. Check						33 34	
efun Dd P	35	Amount owed. If line 33 is smaller than the to						35	0.
х, В	36	<b>Overpayment.</b> If line 33 is larger than the tota						36	
Тах,		Enter amount from line 36 you want: Credited	l to 2023 estimated tax	•		Refunded		37	
Sig		Under penalties of perjury, I declare that I have exan correct, and complete. Declaration of preparer (other	nined this return, including accompanying so r than taxpayer) is based on all information o	hedules an f which pre	d statem	ents, and to the best o s any knowledge.	of my kn	owledge a	and belief, it is true, May the IBS discuss this
He									May the IRS discuss this return with the preparer shown below?
		Signature of officer	Date		OR J	DIRECTOR			X Yes No
		Print/Type preparer's name DARIN JAMES	Preparer's signature DARIN JAME			Date 10/08/2	Che if se	eck elf- ployed	
Paid				0		μυ/υο/Ζ.			<u>P00361390</u> 22-1478099
	arer Only		BLVD, STE 4950					n's EIN	22 II/00//
550	2.119	LOS ANGELES,	-						0-843-9700
21160 12-15	)1 i-22 <b>l</b>	HA For Paperwork Reduction Act Notice, s					•		Form <b>1120</b> (2022)
			1						

#### Case 24-11395 Doc 1 Filed 06/19/24 Page 30 of 316

For	n 1120 (2022) QLESS, INC.		2'	7–1155885 Page 2
	Schedule C Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) × (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See Instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100 See	
9	Subtotal. Add lines 1 through 8		Instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
	Foreign-source portion of dividends received from a specified 10%-owned foreign			
	corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
	a Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of			
	the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471)			
	(see instructions)		100	
	<ul> <li>Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s)</li> <li>5471) (see instructions)</li> </ul>			
	c Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC -DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
	<b>Total dividends and inclusions.</b> Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
<u>24</u>	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 3	29b		

Form **1120** (2022)

211611 12-15-22

Form	1120 (2022) <b>QLESS, INC.</b>		27	-1155885 Page 3
Sc	hedule J Tax Computation and Payment (see instructions)			
Part	I - Tax Computation			
1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120	D))		
2	Income tax. See instructions			0.
3	Base erosion minimum tax amount (attach Form 8991)			
4	Add lines 2 and 3			0.
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
C	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
е	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4			0.
8	Personal holding company tax (attach Schedule PH (Form 1120))			
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
C	Interest due under the look-back method-completed long-term contracts			
	(attach Form 8697)	9c		
d	Interest due under the look-back method-income forecast method (attach Form 8866)	9d		
е	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under Section 453A(c) and/or Section 453(I)	9f		
g	Other (see instructions - attach statement)	9g		
10	Total. Add lines 9a through 9g			
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0.
Part	II - Reserved For Future Use			
12	Reserved for future use		12	
Part	III - Payments and Refundable Credits			
13	2021 overpayment credited to 2022			
14	2022 estimated tax payments			
15	2022 refund applied for on Form 4466			)
16	Combine lines 13, 14, and 15			
17	Tax deposited with Form 7004		17	
18	Withholding (see instructions)			
19	Total payments. Add lines 16, 17, and 18			
20	Refundable credits from:			
a	Form 2439	20a		
b	Form 4136	20b		
C	Reserved for future use	20c		
d	Other (attach statement - see instructions)	20d		
21	Total credits. Add lines 20a through 20d			
22	Reserved for future use			
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33			F 1100 (2000)

Form **1120** (2022)

Case 24-11395 Doc 1 Filed 06/19/24 Page 32 of 316

Form 1120 (2022) QLESS, INC.		27-1	155885	; Page 4
Schedule K Other Information (see instructions)				
1 Check accounting method: a Cash b X Accrual	c Other (specify)		Ye	es No
2 See the instructions and enter the:				
a Business activity code no. <u>513210</u>				
b Business activity c Product or service <b>QUEUE MGMT SOFTWARE</b> <b>SOFTWARE PUBLISHER</b>			— I	
	ny controlled group?			x
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidia If "Yes," enter name and EIN of the parent corporation	ry controlled group?			
4 At the end of the tax year:				
a Did any foreign or domestic corporation, partnership (including any entit	v treated as a partnership)	), trust, or tax-exempt		
organization own directly 20% or more, or own, directly or indirectly, 50	• • • • • • • •	•		
corporation's stock entitled to vote? If "Yes," complete Part I of Schedule			Х	ζ
<b>b</b> Did any individual or estate own directly 20% or more, or own, directly o				
classes of the corporation's stock entitled to vote? If "Yes," complete Par	t II of Schedule G (Form 1	120) (attach Schedule G)		X
5 At the end of the tax year, did the corporation:				
a Own directly 20% or more, or own, directly or indirectly, 50% or more of	the total voting power of	all classes of stock entitled to vote of any		
foreign or domestic corporation not included on Form 851, Affiliations S	Schedule? For rules of con	structive ownership, see instructions		X
If "Yes," complete (i) through (iv) below.				
(i) Name of Corporation	(ii) Employer Identification Number	(iii) Country of Incorporation		rcentage I in Voting
	(if any)		St	tock
			<u> </u>	
<b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an	interest of 50% or more i	I in any foreign or domestic partnership		
(including an entity treated as a partnership) or in the beneficial interest				x
If "Yes," complete (i) through (iv) below.				
	(ii) Employer	(iii) Country of		Aaximum
(i) Name of Entity	Identification Number (if any)	Organization		ge Owned in ss, or Capital
6 During this tax year, did the corporation pay dividends (other than stock		- ,		
excess of the corporation's current and accumulated earnings and profits				X
If "Yes," file <b>Form 5452</b> , Corporate Report of Nondividend Distributions.				
If this is a consolidated return, answer here for the parent corporation ar		•		
7 At any time during the tax year, did one foreign person own, directly or in		61		v
classes of the corporation's stock entitled to vote or at least 25% of the	total value of all classes of	the corporation's stock?	·····	X
For rules of attribution, see section 318. If "Yes," enter:	untra (			
<ul> <li>(a) Percentage owned and (b) Owner's control</li> <li>(c) The corporation may have to file Form 5472, Information Return of a second second</li></ul>		Corporation or a Foreign		
Corporation Engaged in a U.S. Trade or Business. Enter the number of Fo		. corporation of a Poreign		
<ul><li>8 Check this box if the corporation issued publicly offered debt instrument</li></ul>		unt		
If checked, the corporation may have to file <b>Form 8281</b> , Information Ret				
9 Enter the amount of tax-exempt interest received or accrued during the t				
<b>10</b> Enter the number of shareholders at the end of the tax year (if 100 or fev	-	20		
11 If the corporation has an NOL for the tax year and is electing to forego th	/			
If the corporation is filing a consolidated return, the statement required b				
or the election will not be valid.	,			
12 Enter the available NOL carryover from prior tax years (do not reduce it t	by any deduction reported	on		
page 1, line 29a.)				
			Form <b>112</b>	<b>0</b> (2022)
211632 12-15-22				. ,

05539841

Case 24-11395 Doc 1 Filed 06/19/24 Page 33 of 316

Form 1120 (2022) <b>QLESS, INC.</b>	27-1155885 Page
Schedule K Other Information (continued from page 4)	
3 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of	
tax year less than \$250,000?	X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash	
distributions and the book value of property distributions (other than cash) made during the tax year 💲	
4 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions	X
If "Yes," complete and attach Schedule UTP.	
5a Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?	X
<b>b</b> If "Yes," did or will the corporation file required Form(s) 1099?	
6 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption o	
own stock?	
7 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by v	
of its assets in a taxable, non-taxable, or tax deferred transaction?	, X
8 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or f	
market value of more than \$1 million?	
9 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-	
under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?	
0 Is the corporation operating on a cooperative basis?	
1 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under sec	
267A? See instructions	
If "Yes," enter the total amount of the disallowed deductions \$	
2 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2	
and (3))	·
If "Yes." complete and attach Form 8991.	
<ul> <li>3 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in election</li> </ul>	effect
during the tax year? See instructions	
4 Does the corporation satisfy one or more of the following? See instructions	
<b>a</b> The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.	
<ul> <li>b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the</li> </ul>	he
current tax year are more than \$27 million and the corporation has business interest expense.	
<b>c</b> The corporation is a tax shelter and the corporation has business interest expense.	
If "Yes," complete and attach Form 8990.	
<ul> <li>Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?</li> </ul>	X
If "Yes," enter amount from Form 8996, line 15 \$	
6 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held direct	
indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than	
50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership	
	X
percentage by vote and by value. See instructions	
Percentage: By Vote By Value	Form <b>1120</b> (2022

Case 24-11395 Doc 1 Filed 06/19/24 Page 34 of 316

27-1155885 Page 6

	1120 (2022) QLESS, INC.			2	7-1155885 Page 6
S	chedule L Balance Sheets per Books	Beginning of	tax year	End of ta	ax year
	Assets	(a)	(b)	(C)	(d) 1,905,920.
1	Cash		3,246,931.		1,905,920.
2a	Trade notes and accounts receivable	912,216.		902,004.	
t	Less allowance for bad debts	( )	912,216.	( )	902,004.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.) STMT 6		442,656.		512,057.
7	Loans to shareholders	_			
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)				
	Buildings and other depreciable assets	156,369.		267,371.	
	Less accumulated depreciation	( 69,742.)	86,627.	( 112,850.)	154,521.
	Depletable assets				
	Less accumulated depletion	()		()	
	Land (net of any amortization)				
	Intangible assets (amortizable only)			2,162,002.	
	Less accumulated amortization	()		()	2,162,002. 34,939.
	Other assets (att. stmt.) <b>STMT</b> 7	-	40,934.		34,939.
15	Total assets		4,729,364.		5,671,443.
	Liabilities and Shareholders' Equity				
16	Accounts payable	-	578,998.		244,516.
17	Mortgages, notes, bonds payable in less than 1 year	-	4 4 9 7 9 9 9 6		
18	Other current liabilities (att. stmt.) STMT 8	-	4,197,396.		6,903,797.
19	Loans from shareholders	-			
20	Mortgages, notes, bonds payable in 1 year or more	-	000 000		C 200 E12
21	Other liabilities (att. stmt.) <b>STMT</b> 9	104	908,893.	60	6,300,513.
22	Capital stock: a Preferred stock	<u>    104.</u> 116.	220	<u>68.</u> 272.	240
	b Common stock	110.	220.	212.	340.
23	Retained earnings -	-	29,721,449.		29,035,683.
24	Appropriated (attach statement) Retained earnings - Unappropriated	-	-30,662,592.		-36,798,406.
25	Adjustments to shareholders'	-	-30,002,392.		-30,790,400.
26 27	equity (attach statement)Less cost of treasury stock	-	( 15,000.)		( 15,000.)
	Total liabilities and shareholders' equity	+	4,729,364.		5,671,443.
S	chedule M-1 Reconciliation of	f Income (Loss) per B	ooks With Income	per Return	0,0,1,1100
		ay be required to file Schedule			
1	Net income (loss) per books	-5,762,542	7 Income recorded on b	ooks this year not	
2	Federal income tax per books		included on this return	n (itemize):	
3	Excess of capital losses over capital gains		Tax-exempt interest	\$	
4	Income subject to tax not recorded on books this year				
	(itemize):	-			
		_	8 Deductions on this ret	turn not charged	
5	Expenses recorded on books this year not		against book income t	- , ,	
	deducted on this return (itemize):			\$	
	a Depreciation \$ 5,305	•	D contributions	\$	
	b contributions \$ Travel and \$75	-	<u>STMT 11</u>	109,974.	100.054
	c entertainment \$ 75	. 070 515			109,974.
_	STMT 10 873,135				109,974.
	Add lines 1 through 5 chedule M-2 Analysis of Unap	-4,879,340. propriated Retained		28) - line 6 less line 9	-4,989,314.
				•	5 <u>,</u>
1	Balance at beginning of year			ash	
2	Net income (loss) per books	-5,102,542		tock	
3	Other increases (itemize):	-		roperty	
		-	6 Other decreases (item SEE STATE		373,272.
		-	7 Add lines 5 and 6		373,272.
A	Add lines 1, 2, and 3	-36,425,134.		(line 4 less line 7)	-36,798,406.
2116 12-1	31				Form <b>1120</b> (2022)
			-		( )

6 18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.

Case 24-11395 Doc 1 Filed 06/19/24 Page 35 of 316

# Form **1125-A**

# **Cost of Goods Sold**

(Rev. November 2018) Department of the Treasury Internal Revenue Service	easury Go to www.irs.gov/Form1125A for the latest information.		OMB No. 1545-0123
Name		Emplo	yer Identification number
		1	7 11

	QLESS, INC.		27-1155885
1	Inventory at beginning of year	1	
	Purchases	2	
3	Cost of labor	3	1,025,357.
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) SEE STATEMENT 13	5	1,746,733.
	Total. Add lines 1 through 5	6	2,772,090.
7	Inventory at end of year	7	
8	<b>Cost of goods sold</b> . Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	2,772,090.
98	<ul> <li>Check all methods used for valuing closing inventory:</li> <li>(i)</li></ul>		
b	Check if there was a writedown of subnormal goods		
	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)		
d	I If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d	
e	e If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions		Yes X No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory?		

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

SCHEDULE G (Form 1120)

(Rev. December 2011) Department of the Treasury Internal Revenue Service

Name

# Information on Certain Persons Owning the Corporation's Voting Stock

OMB No. 1545-0123

Attach to Form 1120.

Employer identification number (EIN)

QLESS, INC.				27-1155	
Part I Certain Entities Owning					
(i) through (v) below for any fore	•		• • •		
tax-exempt organization that ow classes of the corporation's stor	-	· · · ·	indirectly, 50% or more of	of the total voting po	wer of all
	(ii) Employer Identification				(v) Percentage
(i) Name of Entity	Number (if any)	(iii) Type of Entity	(iv) Country of O	rganization	Owned in Voting Stock
PALISADES GROWTH					
CAPITAL II, L.P		PARTNERSHIP	UNITED STATE	S	40.97%
				a	
QTECH ACQUISITION, LLC		PARTNERSHIP	UNITED STATE	5	25.66%
Part II Certain Individuals and I		he Corporation's	Voting Stock. (Forr	n 1120, Schedule K,	Question 4b).
Complete columns (i) through (iv	/) below for any individ	ual or estate that owns	directly 20% or more, o	r owns, directly or in	directly,
50% or more of the total voting	power of all classes of	the corporation's stock			(in) Developments are
(i) Name of Individual or Estate		(ii) Identifying Number (if any)	(iii) Coun Citizenshi instructi	ip (see	(iv) Percentage Owned in Voting Stock
					5
For Paperwork Reduction Act Notice, see the Instru	uctions for Form 1120.	1	1	Schedule G (Form 112	0) (Rev. 12-2011)
217701 , 04-01-22 LHA				-	

18481011 147227 0553984-0553984.CORP

2022.04030 QLESS, INC.

Case 24-11395 Doc 1 Filed 06/19/24 Page 37 of 316

Form **1125-E** 

### (Rev. October 2016)

Department of the Treasury Internal Revenue Service

Name

### **Compensation of Officers**

Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

OMB No. 1545-0123

▶ Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

Employer Identification number  $27 - 1 \underline{155885}$ 

### QLESS, INC.

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number	(C) Percent of time devoted to	Percent of s (d) Common	stock owned (e) Preferred	(f) Amount of compensation
		business		(;;) Fielelleu	osmponation
1SAID MALIKOV	APPLIED FO	R 100%	.00%	.00%	154,198.
JAMES HARVEY	APPLIED FO	R 100%	.00%	.00%	381,250.
2 Total compensation of officers				2	535,448.
3 Compensation of officers claimed on Form 1125-A or elsev	vhere on return				
4 Subtract line 3 from line 2. Enter the result here and on For	m 1120, page 1, line 12 or t	10			
appropriate line of your tax return For Paperwork Reduction Act Notice, see separate instruction				4	535,448. Form 1125-E (Rev. 10-2016)

224451 04-01-22 LHA

9 18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC. Case 24-11395 Doc 1 Filed 06/19/24 Page 38 of 316

Form	4562
	ment of the Treasury I Revenue Service

Name(s) shown on return

# Depreciation and Amortization (Including Information on Listed Property)

OTHER

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

2022 Attachment Sequence No. 179
Identifying number

OMB No. 1545-0172

QL	ESS,	INC.			отн	ER I	EPRE	CIATIO	N		27-1155885
Pa	rt I E	lection To Expense Certain Prope	rty Under Section 17	'9 Note: If you ha	we any lis	ted pro	perty, co	omplete Part	V befo	ore y	ou complete Part I.
1	Maximu	m amount (see instructions)								1	
2	Total co	st of section 179 property plac	ed in service (see	instructions)						2	
3	Thresho	ld cost of section 179 property	before reduction	n limitation						3	
4	Reductio	on in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-						4	
5	Dollar limit	ation for tax year. Subtract line 4 from line	e 1. If zero or less, enter -	0 If married filing sepa	arately, see in	nstructions	s			5	
6		(a) Description of p	roperty	(b)	) Cost (busine	ess use or	nly)	(c) Elected of	cost		
7	Listed p	roperty. Enter the amount from	n line 29				7				
8	Total ele	ected cost of section 179 prop								8	
		e deduction. Enter the smalle								9	
		er of disallowed deduction from								10	
11	Busines	s income limitation. Enter the s	maller of business	income (not less	than zero	o) or line	ə 5			11	
		179 expense deduction. Add I								12	
		er of disallowed deduction to 2				Г	13				
		use Part II or Part III below for									
Pa	rt II	Special Depreciation Allowa	ance and Other D	epreciation (Don	't include	e listed	property	r.)			
14	Special	depreciation allowance for qua		· ·							
	the tax y		1 1 5 (		. ,, .			5		14	
		/ subject to section 168(f)(1) el								15	
		epreciation (including ACRS)								16	
	rt III	MACRS Depreciation (Don'									
			· · ·	Sectio							
17	MACRS	deductions for assets placed	in service in tax ve	ars beginning bet	fore 2022					17	16,245.
		lecting to group any assets placed in serv		0 0					ïΓ		
		Section B - Assets						al Deprecia	tion S	yste	m
	(	a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investm only - see instru	nent use	(d) R	ecovery eriod	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-ve	ar property									
<u>15a</u> b		ar property		99	,623.	5 Y	rs.	НҮ	200	DB	19,931.
 c		ar property			,383.		rs.		200		
 d		ear property									
<u>u</u> e		ear property									
 f		ear property									
<u>'</u>		ear property				25	yrs.		S/		
<u> </u>	20 y		/				5 yrs.	ММ	5/		
h	Res	idential rental property	/				5 yrs.	MM	5/		
			/				yrs.	MM	5/		
i	Non	residential real property	/				yıs.	MM	5/		
		Section C - Assets	Placed in Service	During 2022 Tax	( Year Lis	ing the	Alterna				l tem
20.0	Clos	ss life					Alterna				
<u>20a</u>						12	yrs.		S/ S/		
b							yrs.	NANA	S/		
 d			/				yrs. yrs.	MM	5/ S/	_	
	rt IV	Summary (See instructions.)	/			I 40	yı3.	MM	3/	<u> </u>	
			- 08							<u>04</u>	
		roperty. Enter amount from line		ao 10 and 00 in	alumar (-)				··  -	21	
		dd amounts from line 12, lines								~	27 002
		ere and on the appropriate lines				ions - se Г	e instr.			22	37,803.
		ets shown above and placed in		current year, ent	er the						
-		of the basis attributable to sec			<u></u>	 	23				Eorm <b>4562</b> (2022)
	0.00.0			See Senarate in	SITUCTION	-					

18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.

## Case 24-11395 Doc 1 Filed 06/19/24 Page 39 of 316

Form 4562 (2022)	QLE;	SS, INC	•								27-	1155	885	Page <b>2</b>
<b>Part V</b> Listed Propert entertainment,				her vehic	les, ce	rtain aircr	aft, an	d property	used for					
Note: For any	,		•	standar	d milea	age rate o	r dedu	cting lease	e expense	e, comp	olete <b>on</b>	l <b>y</b> 24a,		
24b, columns (	a) through (c)	) of Śection A,	all of S	ection B,	and S	Section C	if appli	cable.	•					
	-	n and Other I					_	1					- -	
24a Do you have evidence to s			nt use cla	aimed?	<u> </u>	Yes	No	24b If "Y	r		nce writt I	ten?	_l Yes	<u>No</u>
(a)	<b>(b)</b> Date	<b>(c)</b> Business/		(d)	В	(e) asis for depr	eciation	(f)	(9			(h)		(i) cted
Type of property (list vehicles first)	placed in	investment	. of	Cost or ther basis	(h	ousiness/inve	estment	Recovery period	Meti Conve			eciation uction		n 179
	service	use percentaç	je			use only	y)	ponou		1			CC	ost
25 Special depreciation allo				•				2						
used more than 50% in					<u></u>		<u></u>	<u></u>		25				
26 Property used more that	n 50% in a qu	alified busine	ss use:								1			
	: :		6											
	: :		6											
	: :	9	6											
27 Property used 50% or le	ss in a qualifi	ied business u	ise:											
	: :	9	6						S/L -					
	: :	9	6						S/L -					
	: :	9	6						S/L ·					
28 Add amounts in column	(h), lines 25 t	through 27. Er	nter here	e and on	line 21	I, page 1				28				
29 Add amounts in column	(i), line 26. Er	nter here and	on line 7	7, page <b>1</b>								29		
		s	ection	B - Infor		n on Use								
Complete this section for ve	hicles used b	y a sole propr	rietor, pa	artner, or	other	"more that	an 5%	owner," or	related p	berson.	If you pr	rovided	/ehicles	
to your employees, first ans	wer the quest	tions in Sectio	n C to s	see if you	ı meet	an excep	tion to	completin	g this se	ction fo	r those v	/ehicles.		
				-				-	-					
			(	a)		(b)		(c)	(d	I)	(	e)	(f	)
30 Total business/investment	miles driven du	iring the	Vel	hicle	v	ehicle		/ehicle	Vehi	cle	Ver	nicle	Veh	
year ( <b>don't</b> include commu	ting miles)	-												
31 Total commuting miles of														
32 Total other personal (no														
driven														
33 Total miles driven during														
Add lines 30 through 32														
34 Was the vehicle available			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty hours?	•													
<b>35</b> Was the vehicle used pr														
than 5% owner or relate														
36 Is another vehicle availa														
use:	Section C .	- Questions f	or Empl	lovors M	ho Dr	ovido Vok		for Lleo by	Thoir Er	nnlovo	05			
Anower these questions to a												ron't		
Answer these questions to c more than 5% owners or rela			ception		Jeting	Section		enicies use	a by emp	Joyees	who a	rent		
37 Do you maintain a writte	•		bibito o	ll poroon		of vobiol	o incl	uding oom	muting I				Yes	No
•		-						-	-	Jy your			165	No
employees? 38 Do you maintain a writte										· · · · · · · · · · · · · · · · · · ·				<u> </u>
•		•	•				•							
employees? See the ins			• •											<u> </u>
39 Do you treat all use of v	•													
40 Do you provide more that														
the use of the vehicles,														<u> </u>
41 Do you meet the require														<u> </u>
Note: If your answer to :	37, 38, 39, 40	), or 41 is "Ye	s," don'	t comple	te Sec	tion B for	the co	overed veh	icles.					
Part VI Amortization			(1-)	1	(-)			(.1)		(.)			(6)	
(a) Description of	costs	Date	(b) amortization		(C) Amortiz			(d) Code		(e) Amortiza	tion	A	(f) nortization	
			begins		amou			section	F	eriod or per		fc	or this year	
42 Amortization of costs th	at begins dur	ring your 2022	tax yea	ar:										
			: :											
SEE STATE	EMENT 1	4	: :										105,	<u>018.</u>
43 Amortization of costs th	at began befo	ore your 2022	tax yea	r							43			
44 Total. Add amounts in c	olumn (f). Se	e the instructi	ons for	where to	report	:					44		105,	U18.
216252 12-08-22												F	orm <b>456</b> 2	<b>2</b> (2022)

OTHER I	DEPRECIATION							OTHER							
Asset No.	Description	Date Acquired	Method	Life	C L o n v	<sup>ine</sup> Unad <sup>No.</sup> Cost C	ljusted Dr Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	EQUIPMENT	07/01/11	200DB	7.00	HY1	7 20	,946.			20,946.				٥.	
7	EQUIPMENT	07/01/14	200DB	7.00	HY1	7 40	,108.			20,054.	20,054.	20,054.		٥.	20,054.
8	EQUIPMENT	05/20/16	200DB	7.00	HY1	7 1	,981.			991.	990.	857.		89.	946.
9	EQUIPMENT	05/20/16	200DB	7.00	HY1	7 1	,778.			889.	889.	770.		79.	849.
10	EQUIPMENT	08/03/16	200DB	7.00	HY1	7	614.			307.	307.	266.		27.	293.
11	EQUIPMENT	09/19/16	200DB	7.00	HY1	7	576.			288.	288.	250.		25.	275.
12	EQUIPMENT	08/12/16	200DB	7.00	HY1	7 4	,094.			2,047.	2,047.	1,773.		183.	1,956.
	* OTHER TOTAL -					70	,097.			45,522.	24,575.	23,970.		403.	24,373.
2	FURNITURE	07/01/12	200DB	7.00	HY1	7 1	,028.			514.	514.	514.		٥.	514.
3	FURNITURE	07/01/13	200DB	7.00	HY1	7 19	,029.			9,515.	9,514.	9,514.		٥.	9,514.
13	FURNITURE	01/30/16	200DB	7.00	HY1	7	681.			341.	340.	294.		31.	325.
14	FURNITURE	03/19/16	200DB	7.00	HY1	7	945.			472.	473.	409.		43.	452.
23	FURNITURE	01/09/18	200DB	7.00	HY1	7 9	,119.			9,119.				٥.	
24	FURNITURE	02/10/18	200DB	7.00	HY1	7 2	,091.			2,091.				٥.	
25	FURNITURE	06/11/18	200DB	7.00	HY1	7 3	,252.			3,252.				٥.	
26	FURNITURE	08/30/18	200DB	7.00	HY1	7 9	,347.			9,347.				٥.	
42	FURNITURE	02/06/19	200DB	7.00	HY1	7 2	,079.			2,079.				٥.	
63	FURNITURE	08/30/21	200DB	7.00	MQ1	7 14	,325.				14,325.	1,535.		3,654.	5,189.

228111 04-01-22

(D) - Asset disposed

OTHER I	DEPRECIATION						OTHER							
Asset No.	Description	Date Acquired	Method	Life	C Li o N v	ne Unadjusted <sup>o.</sup> Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
114	FURNITURE	03/23/22	200DB	7.00	HY1	9C 1,363.				1,363.			195.	195.
115	FURNITURE	04/30/22	200DB	7.00	HY1	90 7,652.				7,652.			1,093.	1,093.
116	FURNITURE	09/22/22	200DB	7.00	HY1	90 2,368.				2,368.			339.	339.
	* OTHER TOTAL -					73,279.			36,730.	36,549.	12,266.		5,355.	17,621.
4	LENOVO LAPTOP	04/21/14	200DB	5.00	HY1	7 1,462.			731.	731.	731.		٥.	731.
5	LAPTOP	09/18/14	200DB	5.00	HY1	7 2,923.			1,462.	1,461.	1,461.		0.	1,461.
6	APPLE LAPTOP	10/19/14	200DB	5.00	HY1	7 3,078.			1,539.	1,539.	1,539.		٥.	1,539.
15	COMPUTER EQUIPMENT	07/01/17	200DB	5.00	HY1	7 14,003.			7,001.	7,002.	6,599.		403.	7,002.
16	COMPUTER EQUIPMENT	01/25/18	200DB	5.00	HY1	7 1,948.			1,948.				٥.	
17	COMPUTER EQUIPMENT	02/06/18	200DB	5.00	HY1	7 2,317.			2,317.				٥.	
18	COMPUTER EQUIPMENT	03/08/18	200DB	5.00	HY1	7 1,728.			1,728.				٥.	
19	COMPUTER EQUIPMENT	06/05/18	200DB	5.00	HY1	7 1,142.			1,142.				٥.	
20	COMPUTER EQUIPMENT	06/22/18	200DB	5.00	HY1	7 1,976.			1,976.				٥.	
21	COMPUTER EQUIPMENT	12/28/18	200DB	5.00	HY1	7 3,771.			3,771.				٥.	
22	COMPUTER EQUIPMENT	10/25/18	200DB	5.00	HY1	7 6,834.			6,834.				٥.	
27	COMPUTER EQUIPMENT	01/30/19	200DB	5.00	HY1	7 2,410.			2,410.				٥.	
28	COMPUTER EQUIPMENT	02/03/19	200DB	5.00	HY1	7 4,275.			4,275.				٥.	
29	COMPUTER EQUIPMENT	02/26/19	200DB	5.00	HY1	7 1,649.			1,649.				0.	

228111 04-01-22

(D) - Asset disposed

OTHER I	DEPRECIATION						OTHER							
Asset No.	Description	Date Acquired	Method	Life	C Line o No v	e Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
30	COMPUTER EQUIPMENT	03/05/19	200DB	5.00	HY17	4,173.			4,173.				0.	
31	COMPUTER EQUIPMENT	05/21/19	200DB	5.00	HY17	3,060.			3,060.				0.	
32	COMPUTER EQUIPMENT	11/02/19	200DB	5.00	HY17	2,431.			2,431.				٥.	
33	COMPUTER EQUIPMENT	11/07/19	200DB	5.00	HY17	2,532.			2,532.				0.	
34	COMPUTER EQUIPMENT	12/10/19	200DB	5.00	HY17	1,499.			1,499.				0.	
35	COMPUTER EQUIPMENT	12/10/19	200DB	5.00	HY17	2,933.			2,933.				0.	
36	COMPUTER EQUIPMENT	01/23/19	200DB	5.00	HY17	5,135.			5,135.				0.	
37	COMPUTER EQUIPMENT	03/27/19	200DB	5.00	HY17	1,219.			1,219.				0.	
38	COMPUTER EQUIPMENT	05/24/19	200DB	5.00	HY17	3,324.			3,324.				0.	
39	COMPUTER EQUIPMENT	06/05/19	200DB	5.00	HY17	2,698.			2,698.				0.	
40	COMPUTER EQUIPMENT	06/13/19	200DB	5.00	HY17	2,899.			2,899.				0.	
41	COMPUTER EQUIPMENT	06/29/19	200DB	5.00	HY17	2,037.			2,037.				0.	
43	COMPUTER EQUIPMENT	07/29/20	200DB	5.00	MQ17	2,032.			2,032.				0.	
44	COMPUTER EQUIPMENT	08/06/20	200DB	5.00	MQ17	2,220.			2,220.				0.	
45	COMPUTER EQUIPMENT	10/17/20	200DB	5.00	MQ17	2,099.			2,099.				0.	
46	COMPUTER EQUIPMENT	10/17/20	200DB	5.00	MQ17	2,099.			2,099.				0.	
47	COMPUTER EQUIPMENT	01/19/21	200DB	5.00	MQ17	1,657.				1,657.	580.		431.	1,011.
48	COMPUTER EQUIPMENT	01/19/21	200DB	5.00	MQ17	1,619.				1,619.	567.		421.	988.

(D) - Asset disposed

OTHER I	DEPRECIATION						OTHER							
Asset No.	Description	Date Acquired	Method	Life	C o Line n No. v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
49	COMPUTER EQUIPMENT	03/22/21	200DB	5.00	MQ17	1,825.				1,825.	639.		474.	1,113.
50	COMPUTER EQUIPMENT	05/30/21	200DB	5.00	MQ17	1,657.				1,657.	414.		497.	911.
51	COMPUTER EQUIPMENT	08/04/21	200DB	5.00	MQ17	2,534.				2,534.	380.		862.	1,242.
52	COMPUTER EQUIPMENT	08/11/21	200DB	5.00	MQ17	1,197.				1,197.	180.		407.	587.
53	COMPUTER EQUIPMENT	09/29/21	200DB	5.00	MQ17	1,581.				1,581.	237.		538.	775.
54	COMPUTER EQUIPMENT	10/09/21	200DB	5.00	MQ17	2,981.				2,981.	149.		1,133.	1,282.
55	COMPUTER EQUIPMENT	10/19/21	200DB	5.00	MQ17	1,750.				1,750.	88.		665.	753.
56	COMPUTER EQUIPMENT	10/20/21	200DB	5.00	MQ17	2,672.				2,672.	134.		1,015.	1,149.
57	COMPUTER EQUIPMENT	10/20/21	200DB	5.00	MQ17	546.				546.	27.		208.	235.
58	COMPUTER EQUIPMENT	10/29/21	200DB	5.00	MQ17	1,760.				1,760.	88.		669.	757.
59	COMPUTER EQUIPMENT	11/01/21	200DB	5.00	MQ17	1,480.				1,480.	74.		562.	636.
60	COMPUTER EQUIPMENT	11/01/21	200DB	5.00	MQ17	1,587.				1,587.	79.		603.	682.
61	COMPUTER EQUIPMENT	11/15/21	200DB	5.00	MQ17	2,454.				2,454.	123.		932.	1,055.
62	COMPUTER EQUIPMENT	12/21/21	200DB	5.00	MQ17	6,038.				6,038.	302.		2,294.	2,596.
64	COMPUTER EQUIPMENT	01/04/22	200DB	5.00	HY19E	4,854.				4,854.			971.	971.
65	COMPUTER EQUIPMENT	01/05/22	200DB	5.00	HY19E	1,500.				1,500.			300.	300.
66	COMPUTER EQUIPMENT	01/05/22	200DB	5.00	HY19E	280.				280.			56.	56.
67	COMPUTER EQUIPMENT	02/08/22	200DB	5.00	HY191	2,114.				2,114.			423.	423.

228111 04-01-22

(D) - Asset disposed

OTHER I	DEPRECIATION					-	OTHER	-	-	-			-	
Asset No.	Description	Date Acquired	Method	Life	C o Line n No. v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
68	COMPUTER EQUIPMENT	02/08/22	200DB	5.00	HY191	1,450.				1,450.			290.	290.
69	COMPUTER EQUIPMENT	02/10/22	200DB	5.00	HY19E	2,449.				2,449.			490.	490.
70	COMPUTER EQUIPMENT	02/16/22	200DB	5.00	HY19E	2,430.				2,430.			486.	486.
71	COMPUTER EQUIPMENT	02/23/22	200DB	5.00	HY19E	1,556.				1,556.			311.	311.
72	COMPUTER EQUIPMENT	02/23/22	200DB	5.00	HY19E	4,045.				4,045.			809.	809.
73	COMPUTER EQUIPMENT	02/24/22	200DB	5.00	HY19E	1,079.				1,079.			216.	216.
74	COMPUTER EQUIPMENT	02/25/22	200DB	5.00	HY19E	1,156.				1,156.			231.	231.
75	COMPUTER EQUIPMENT	02/26/22	200DB	5.00	HY19E	2,428.				2,428.			486.	486.
76	COMPUTER EQUIPMENT	02/27/22	200DB	5.00	HY19E	529.				529.			106.	106.
77	COMPUTER EQUIPMENT	02/27/22	200DB	5.00	HY19E	849.				849.			170.	170.
78	COMPUTER EQUIPMENT	02/27/22	200DB	5.00	HY191	911.				911.			182.	182.
79	COMPUTER EQUIPMENT	02/28/22	200DB	5.00	HY191	884.				884.			177.	177.
80	COMPUTER EQUIPMENT	03/01/22	200DB	5.00	HY191	1,232.				1,232.			247.	247.
81	COMPUTER EQUIPMENT	03/22/22	200DB	5.00	HY191	2,299.				2,299.			460.	460.
82	COMPUTER EQUIPMENT	03/22/22	200DB	5.00	HY191	2,337.				2,337.			468.	468.
83	COMPUTER EQUIPMENT	03/29/22	200DB	5.00	HY191	9,261.				9,261.			1,852.	1,852.
84	COMPUTER EQUIPMENT	03/30/22	200DB	5.00	HY191	2,833.				2,833.			567.	567.
85	COMPUTER EQUIPMENT	04/06/22	200DB	5.00	HY19E	1,018.				1,018.			204.	204.

228111 04-01-22

(D) - Asset disposed

OTHER I	DEPRECIATION						OTHER							
Asset No.	Description	Date Acquired	Method	Life	C o Line n No. v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
86	COMPUTER EQUIPMENT	04/07/22	200DB	5.00	HY19E	1,579.				1,579.			316.	316.
87	COMPUTER EQUIPMENT	04/07/22	200DB	5.00	HY191	879.				879.			176.	176.
88	COMPUTER EQUIPMENT	04/07/22	200DB	5.00	HY19E	1,940.				1,940.			388.	388.
89	COMPUTER EQUIPMENT	04/08/22	200DB	5.00	HY19E	550.				550.			110.	110.
90	COMPUTER EQUIPMENT	04/08/22	200DB	5.00	HY19E	2,450.				2,450.			490.	490.
91	COMPUTER EQUIPMENT	04/14/22	200DB	5.00	HY191	1,568.				1,568.			314.	314.
92	COMPUTER EQUIPMENT	04/15/22	200DB	5.00	HY191	1,479.				1,479.			296.	296.
93	COMPUTER EQUIPMENT	04/15/22	200DB	5.00	HY191	1,689.				1,689.			338.	338.
94	COMPUTER EQUIPMENT	04/28/22	200DB	5.00	HY191	2,412.				2,412.			483.	483.
95	COMPUTER EQUIPMENT	04/28/22	200DB	5.00	HY191	2,310.				2,310.			462.	462.
96	COMPUTER EQUIPMENT	04/28/22	200DB	5.00	HY19E	1,280.				1,280.			256.	256.
97	COMPUTER EQUIPMENT	04/29/22	200DB	5.00	HY191	2,906.				2,906.			581.	581.
98	COMPUTER EQUIPMENT	05/05/22	200DB	5.00	HY191	520.				520.			104.	104.
99	COMPUTER EQUIPMENT	05/14/22	200DB	5.00	HY191	1,265.				1,265.			253.	253.
100	COMPUTER EQUIPMENT	05/18/22	200DB	5.00	HY191	1,199.				1,199.			240.	240.
101	COMPUTER EQUIPMENT	05/18/22	200DB	5.00	HY191	2,486.				2,486.			497.	497.
102	COMPUTER EQUIPMENT	05/18/22	200DB	5.00	HY191	2,486.				2,486.			497.	497.
103	COMPUTER EQUIPMENT	05/27/22	200DB	5.00	HY19E	1,270.				1,270.			254.	254.

228111 04-01-22

(D) - Asset disposed

OTHER I	DEPRECIATION	-	_			-	OTHER	-	-		-	-	-	
Asset No.	Description	Date Acquired	Method	Life	C o Line n No. v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
104	COMPUTER EQUIPMENT	06/21/22	200DB	5.00	HY191	2,299.				2,299.			460.	460.
105	COMPUTER EQUIPMENT	07/19/22	200DB	5.00	HY19E	913.				913.			183.	183.
106	COMPUTER EQUIPMENT	08/15/22	200DB	5.00	HY19E	1,890.				1,890.			378.	378.
107	COMPUTER EQUIPMENT	09/16/22	200DB	5.00	HY19E	1,880.				1,880.			376.	376.
108	COMPUTER EQUIPMENT	09/17/22	200DB	5.00	HY19E	900.				900.			180.	180.
109	COMPUTER EQUIPMENT	09/22/22	200DB	5.00	HY19E	2,688.				2,688.			538.	538.
110	COMPUTER EQUIPMENT	10/19/22	200DB	5.00	HY191	2,036.				2,036.			407.	407.
111	COMPUTER EQUIPMENT	11/13/22	200DB	5.00	HY191	2,725.				2,725.			545.	545.
112	COMPUTER EQUIPMENT	11/18/22	200DB	5.00	HY19E	3,402.				3,402.			681.	681.
113	COMPUTER EQUIPMENT	11/19/22	200DB	5.00	HY19E	3,128.				3,128.			626.	626.
	* OTHER TOTAL -					224,867.			81,173.	143,694.	14,391.		32,045.	46,436.
117	SECTION 174 CAPITALIZED ASSET - DOMESTIC	07/01/22	174	60M	42	404,779.				404,779.			40,478.	40,478.
118	SECTION 174 CAPITALIZED ASSET - FOREIGN	07/01/22	174	180M	42	,936,191.				1,936,191.			64,540.	64,540.
	* OTHER TOTAL -					2,340,970.				2,340,970.	0.		105,018.	105,018.
	* GRAND TOTAL OTHER DEPR & AMORT					2,709,213.			163,425.	2,545,788.	50,627.		142,821.	193,448.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					257,237.		0.	163,425.	93,812.	50,627.			66,872.

228111 04-01-22

(D) - Asset disposed

OTHER I	DEPRECIATION							OTHER							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS					:	2,451,976.		0.	0.	2,451,976.	0.			126,576.
	DISPOSITIONS/RETIRED						0.		0.	0.	٥.	0.			0.
	ENDING BALANCE					-	2,709,213.		0.	163,425.	2,545,788.	50,627.			193,448.

228111 04-01-22

(D) - Asset disposed

ELECTION NOT TO CLAIM THE ADDITIONAL FIRST YEAR DEPRECIATION ALLOWABLE UNDER IRC SEC. 168(K)

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

EMPLOYER IDENTIFICATION NUMBER: 27-1155885

FOR THE YEAR ENDING DECEMBER 31, 2022

QLESS, INC., HEREBY ELECTS, PURSUANT TO IRC SEC. 168(K)(7), NOT TO CLAIM THE ADDITIONAL DEPRECIATION ALLOWABLE UNDER IRC SEC. 168(K) FOR THE FOLLOWING QUALIFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING DECEMBER 31, 2022.

ALL PROPERTY IN THE 5 YEAR CLASS. ALL PROPERTY IN THE 7 YEAR CLASS. ALL PROPERTY IN THE 10 YEAR CLASS. ALL PROPERTY IN THE 15 YEAR CLASS. ALL PROPERTY IN THE 20 YEAR CLASS. ALL PROPERTY IN THE 25 YEAR CLASS. COMPUTER SOFTWARE AS DEFINED BY IRC SEC. 167(F)(1)(B).

SEE ATTACHED FORM 4562.

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

EMPLOYER IDENTIFICATION NUMBER: 27-1155885

FOR THE YEAR ENDING DECEMBER 31, 2022

QLESS, INC. IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

### Case 24-11395 Doc 1 Filed 06/19/24 Page 50 of 316

FORM 1120 INTEREST INCOME		27-1155885
		STATEMENT 1
DESCRIPTION	US	OTHER
INTEREST INCOME		21,623.
TOTAL TO FORM 1120, LINE 5		21,623.
FORM 1120 OTHER INCOME		STATEMENT 2
DESCRIPTION		AMOUNT
GAIN/LOSS ON FOREIGN EXCHANGE		-164,649.
TOTAL TO FORM 1120, LINE 10		-164,649.
FORM 1120 TAXES AND LICENSES		STATEMENT 3
FORM 1120 TAXES AND LICENSES DESCRIPTION		STATEMENT 3 AMOUNT

TOTAL TO FORM 1120, LINE 17

QLESS, INC.

27 - 1155885

FO	RM	1	1	2	0

### OTHER DEDUCTIONS

### STATEMENT 4

DESCRIPTION	AMOUNT
AMORTIZATION	105,018.
BAD DEBTS	9,610.
BANK CHARGES	21,267.
COMMISSION	429,402.
COMPUTER EQUIPMENT	13,165.
CONTRACTORS	700,847.
INSURANCE	78,094.
LEGAL FEES	247,652.
MEALS	75.
MEALS NOT SUBJECT TO LIMITATION	47,481.
MISCELLANEOUS EXPENSES	2,334.
OFFICE EXPENSES	16,344.
PAYROLL EXPENSES	56,882.
PROFESSIONAL FEES	732,647.
QLESS ARMENIA EXPENSES	1,122,252.
QUICK BOOK EXPENSE	12,206.
RECRUITING EXPENSES	290,044.
SALES AND MARKETING EXPENSES	332,017.
SECTION 174 ADJUSTMENT	-178,968.
SHIPPING	11,606.
SOFTWARE AND TOOLS	570,568.
TRAVEL EXPENSES	294,076.
UTLITIES	25,958.
TOTAL TO FORM 1120, LINE 26	4,940,577.

	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12 12/31/13 12/31/14 12/31/15 12/31/16 12/31/17 12/31/18 12/31/19 12/31/20	688,292. 264,877. 976,579. 2,232,584. 3,127,559. 4,242,602. 4,821,967. 4,692,494. 1,831,800.		688,292. 264,877. 976,579. 2,232,584. 3,127,559. 4,242,602. 4,821,967. 4,692,494. 1,831,800.	688,292. 264,877. 976,579. 2,232,584. 3,127,559. 4,242,602. 4,821,967. 4,692,494. 1,831,800.
12/31/21 NOL AVAILA	5,475,743. BLE THIS YEAR		5,475,743.	5,475,743.

Case 24-11395 Doc 1 Filed 06/19/24 Page 52 of 316

QLESS, INC.

### 27-1155885

34,939.

34,939.

SCHEDULE L	OTHER CURRENT ASSET	S	STATEMENT 6
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES ROU ASSET - SHORT TERM		442,656. 0.	190,140. 321,917.
TOTAL TO SCHEDULE L, LINE 6		442,656.	512,057.
SCHEDULE L	OTHER ASSETS		STATEMENT 7
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR

 DEPOSITS
 40,934.

 TOTAL TO SCHEDULE L, LINE 14
 40,934.

SCHEDULE L	OTHER	CURRENT	LIABILITIE	S	STATEMENT 8
DESCRIPTION			B	EGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED EXPENSES				65,372.	303,422.
ACCRUED INTEREST PAYABLE				0.	23,715.
CREDIT CARD PAYABLE				12,794.	38,789.
DEFERRED RENT				30,050.	1.
DEFERRED REVENUE - SHORT TH	ERM			4,057,542.	4,538,149.
LEASE LIABILITY - SHORT TEN	RM			0.	93,122.
OTHER CURRENT LIABILITIES				0.	767,492.
OTHER LOANS				0.	112,905.
SAFE LIABILITY				0.	984,598.
SALES TAX PAYABLE				31,638.	39,870.
TAX PROVISION				0.	1,734.
TOTAL TO SCHEDULE L, LINE 3	18			4,197,396.	6,903,797.

24 STATEMEN 18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC. Case 24-11395 Doc 1 Filed 06/19/24 Page 53 of 316

QLESS, INC.

27-1155885

2,120.

105,018.

109,974.

SCHEDULE L	OTHER L	IABILITIES		STATEMENT 9
DESCRIPTION			BEGINNING OF TAX YEAR	END OF TAX YEAR
BRIDGE BANK TERM LOAN FIN48 TAX LIABILITY INTERCOMPANY PAYABLES LEASE LIABILITY - LONG LT PORTION OF DEFERRED		-	0. 98,835. 0. 0. 810,058.	5,000,000. 103,522. 941,167. 255,824. 0.
TOTAL TO SCHEDULE L, L	INE 21	=	908,893.	6,300,513.
SCHEDULE M-1	OTHER EXPENSES R NOT DEDUCTED I			STATEMENT 10
DESCRIPTION				AMOUNT
DEFERRED REVENUE STOCK WARRANT LIABILIT SECTION 174 ADJUSTMENT PPP LOAN FORGIVENESS LEGAL FEES	Y			488,034. 67,514. 178,968. 127,237. 11,382.
TOTAL TO SCHEDULE M-1,	LINE 5			873,135.
SCHEDULE M-1	OTHER DEDUCTIONS NOT CHARGED AGAI			STATEMENT 11
DESCRIPTION				AMOUNT
ASC 842 ADJUSTMENT				2,836.

ASC 842 ADJUSTMENT STATE TAX DEDUCTION AMORTIZATION

TOTAL TO SCHEDULE M-1, LINE 8

QLESS, INC.

27-1155885

SCHEDULE M-2		RETAINED EARNINGS - DECREASES	STATEMENT 12
DESCRIPTION			AMOUNT
2020 GAAP ADJUSTMENT 2021 GAAP ADJUSTMENT			184,200. 189,072.
TOTAL TO SCHEDULE M-2	2, LINE 6		373,272.

FORM 1125-A	OTHER COSTS	STATEMENT 13
DESCRIPTION		AMOUNT
CONTRACTORS EQUIPMENT COST HOSTING SERVERS INSTALLATION AND SET UP PHONE SERVICES TEXTING SERVICE		129,632. 127,234. 874,416. 450. 68,699. 546,302.
TOTAL TO LINE 5		1,746,733.

FORM 4562	PART	STATEMENT 14			
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR
SECTION 174 CAPITALIZED ASSET - DOMESTIC SECTION 174	07/01/22	404,779.	174	60M	40,478.
CAPITALIZED ASSET - FOREIGN		1,936,191.	174	180M	64,540.
TOTAL TO FORM 4562, LI	INE 42				105,018.

26 STATEMENT(S) 12, 13, 14 18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC. 05539841

### Case 24-11395 Doc 1 Filed 06/19/24 Page 55 of 316

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	EQUIPMENT	0701112	200DB	7.00	17	20,946.		20,946.				0.
7	EQUIPMENT	0701142	200DB	7.00	17	40,108.		20,054.	20,054.	20,054.		0.
8	EQUIPMENT	0520162	200DB	7.00	17	1,981.		991.	990.	857.		89.
9	EQUIPMENT	0520162	200DB	7.00	17	1,778.		889.	889.	770.		79.
10	EQUIPMENT	0803162	200DB	7.00	17	614.		307.	307.	266.		27.
11	EQUIPMENT	0919162	200DB	7.00	17	576.		288.	288.	250.		25.
12	EQUIPMENT	0812162	200DB	7.00	17	4,094.		2,047.	2,047.	1,773.		183.
	* OTHER TOTAL -					70,097.		45,522.	24,575.	23,970.		403.
2	FURNITURE	0701122	200DB	7.00	17	1,028.		514.	514.	514.		0.
3	FURNITURE	0701132	200DB	7.00	17	19,029.		9,515.	9,514.	9,514.		0.
13	FURNITURE	0130162	200DB	7.00	17	681.		341.	340.	294.		31.
14	FURNITURE	0319162	200DB	7.00	17	945.		472.	473.	409.		43.
23	FURNITURE	0109182	200DB	7.00	17	9,119.		9,119.				0.
24	FURNITURE	0210182	200DB	7.00	17	2,091.		2,091.				0.
25	FURNITURE	0611182	200DB	7.00	17	3,252.		3,252.				0.
26	FURNITURE	0830182	200DB	7.00	17	9,347.		9,347.				0.
42	FURNITURE	0206192	200DB	7.00	17	2,079.		2,079.				0.
63	FURNITURE	0830212	200DB	7.00	17	14,325.			14,325.	1,535.		3,654.

228102 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 56 of 316

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
114	FURNITURE	032322	200DB	7.00	19C	1,363.			1,363.			195.
115	FURNITURE	043022	200DB	7.00	19C	7,652.			7,652.			1,093.
116	FURNITURE	092222	200DB	7.00	19C	2,368.			2,368.			339.
	* OTHER TOTAL -					73,279.		36,730.	36,549.	12,266.		5,355.
4	LENOVO LAPTOP	042114	200DB	5.00	17	1,462.		731.	731.	731.		0.
5	LAPTOP	091814	200DB	5.00	17	2,923.		1,462.	1,461.	1,461.		0.
6	APPLE LAPTOP	101914	200DB	5.00	17	3,078.		1,539.	1,539.	1,539.		0.
15	COMPUTER EQUIPMENT	070117	200DB	5.00	17	14,003.		7,001.	7,002.	6,599.		403.
16	COMPUTER EQUIPMENT	012518	200DB	5.00	17	1,948.		1,948.				0.
17	COMPUTER EQUIPMENT	020618	200DB	5.00	17	2,317.		2,317.				0.
18	COMPUTER EQUIPMENT	030818	200DB	5.00	17	1,728.		1,728.				0.
19	COMPUTER EQUIPMENT	060518	200DB	5.00	17	1,142.		1,142.				0.
20	COMPUTER EQUIPMENT	062218	200DB	5.00	17	1,976.		1,976.				0.
21	COMPUTER EQUIPMENT	122818	200DB	5.00	17	3,771.		3,771.				0.
22	COMPUTER EQUIPMENT	102518	200DB	5.00	17	6,834.		6,834.				0.
27	COMPUTER EQUIPMENT	013019	200DB	5.00	17	2,410.		2,410.				0.
28	COMPUTER EQUIPMENT	020319	200DB	5.00	17	4,275.		4,275.				0.
29	COMPUTER EQUIPMENT	022619	200DB	5.00	17	1,649.		1,649.				0.

228102 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 57 of 316

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
30	COMPUTER EQUIPMENT	030519	200DB	5.00	17	4,173.		4,173.				0.
31	COMPUTER EQUIPMENT	052119	200DB	5.00	17	3,060.		3,060.				0.
32	COMPUTER EQUIPMENT	110219	200DB	5.00	17	2,431.		2,431.				0.
33	COMPUTER EQUIPMENT	110719	200DB	5.00	17	2,532.		2,532.				0.
34	COMPUTER EQUIPMENT	121019	200DB	5.00	17	1,499.		1,499.				0.
35	COMPUTER EQUIPMENT	121019	200DB	5.00	17	2,933.		2,933.				0.
36	COMPUTER EQUIPMENT	012319	200DB	5.00	17	5,135.		5,135.				0.
37	COMPUTER EQUIPMENT	032719	200DB	5.00	17	1,219.		1,219.				0.
38	COMPUTER EQUIPMENT	052419	200DB	5.00	17	3,324.		3,324.				0.
39	COMPUTER EQUIPMENT	060519	200DB	5.00	17	2,698.		2,698.				0.
40	COMPUTER EQUIPMENT	061319	200DB	5.00	17	2,899.		2,899.				0.
41	COMPUTER EQUIPMENT	062919	200DB	5.00	17	2,037.		2,037.				0.
43	COMPUTER EQUIPMENT	072920	200DB	5.00	17	2,032.		2,032.				0.
44	COMPUTER EQUIPMENT	080620	200DB	5.00	17	2,220.		2,220.				0.
45	COMPUTER EQUIPMENT	101720	200DB	5.00	17	2,099.		2,099.				0.
46	COMPUTER EQUIPMENT	101720	200DB	5.00	17	2,099.		2,099.				0.
47	COMPUTER EQUIPMENT	011921	200DB	5.00	17	1,657.			1,657.	580.		431.
48	COMPUTER EQUIPMENT	011921	200DB	5.00	17	1,619.			1,619.	567.		421.

228102 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 58 of 316

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - QLESS, INC.

Asset No.	Description	Date Acquired Met	od Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
49	COMPUTER EQUIPMENT	032221200	DB5.00	17	1,825.			1,825.	639.		474.
50	COMPUTER EQUIPMENT	053021200	DB5.00	17	1,657.			1,657.	414.		497.
51	COMPUTER EQUIPMENT	080421200	DB5.00	17	2,534.			2,534.	380.		862.
52	COMPUTER EQUIPMENT	081121200	DB5.00	17	1,197.			1,197.	180.		407.
53	COMPUTER EQUIPMENT	092921200	DB5.00	17	1,581.			1,581.	237.		538.
54	COMPUTER EQUIPMENT	100921200	DB5.00	17	2,981.			2,981.	149.		1,133.
55	COMPUTER EQUIPMENT	101921200	DB5.00	17	1,750.			1,750.	88.		665.
56	COMPUTER EQUIPMENT	102021200	DB5.00	17	2,672.			2,672.	134.		1,015.
57	COMPUTER EQUIPMENT	102021200	DB5.00	17	546.			546.	27.		208.
58	COMPUTER EQUIPMENT	102921200	DB5.00	17	1,760.			1,760.	88.		669.
59	COMPUTER EQUIPMENT	110121200	DB5.00	17	1,480.			1,480.	74.		562.
60	COMPUTER EQUIPMENT	110121200	DB5.00	17	1,587.			1,587.	79.		603.
61	COMPUTER EQUIPMENT	111521200	DB5.00	17	2,454.			2,454.	123.		932.
62	COMPUTER EQUIPMENT	122121200	DB5.00	17	6,038.			6,038.	302.		2,294.
64	COMPUTER EQUIPMENT	010422200	DB5.00	19в	4,854.			4,854.			971.
65	COMPUTER EQUIPMENT	010522200	DB5.00	19в	1,500.			1,500.			300.
66	COMPUTER EQUIPMENT	010522200	DB5.00	19в	280.			280.			56.
67	COMPUTER EQUIPMENT	020822200	DB5.00	19в	2,114.			2,114.			423.

228102 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 59 of 316

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
68	COMPUTER EQUIPMENT	020822	200DB	5.00	19в	1,450.			1,450.			290.
69	COMPUTER EQUIPMENT	021022	200DB	5.00	19в	2,449.			2,449.			490.
70	COMPUTER EQUIPMENT	021622	200DB	5.00	19в	2,430.			2,430.			486.
71	COMPUTER EQUIPMENT	022322	200DB	5.00	19в	1,556.			1,556.			311.
72	COMPUTER EQUIPMENT	022322	200DB	5.00	19в	4,045.			4,045.			809.
73	COMPUTER EQUIPMENT	022422	200DB	5.00	19в	1,079.			1,079.			216.
74	COMPUTER EQUIPMENT	022522	200DB	5.00	19в	1,156.			1,156.			231.
75	COMPUTER EQUIPMENT	022622	200DB	5.00	19в	2,428.			2,428.			486.
76	COMPUTER EQUIPMENT	022722	200DB	5.00	19в	529.			529.			106.
77	COMPUTER EQUIPMENT	022722	200DB	5.00	19в	849.			849.			170.
78	COMPUTER EQUIPMENT	022722	200DB	5.00	19в	911.			911.			182.
79	COMPUTER EQUIPMENT	022822	200DB	5.00	19в	884.			884.			177.
80	COMPUTER EQUIPMENT	030122	200DB	5.00	19в	1,232.			1,232.			247.
81	COMPUTER EQUIPMENT	032222	200DB	5.00	19в	2,299.			2,299.			460.
82	COMPUTER EQUIPMENT	032222	200DB	5.00	19в	2,337.			2,337.			468.
83	COMPUTER EQUIPMENT	032922	200DB	5.00	19в	9,261.			9,261.			1,852.
84	COMPUTER EQUIPMENT	033022	200DB	5.00	19в	2,833.			2,833.			567.
85	COMPUTER EQUIPMENT	040622	200DB	5.00	19B	1,018.			1,018.			204.

228102 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 60 of 316

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
86	COMPUTER EQUIPME	т 04072	2200DB	5.00	19в	1,579.			1,579.			316.
87	COMPUTER EQUIPME	т 04072	2200DB	5.00	19в	879.			879.			176.
88	COMPUTER EQUIPME	т 04072	2200DB	5.00	19в	1,940.			1,940.			388.
89	COMPUTER EQUIPME	т 04082	2200DB	5.00	19в	550.			550.			110.
90	COMPUTER EQUIPME	т 04082	2200DB	5.00	19в	2,450.			2,450.			490.
91	COMPUTER EQUIPME	т 04142	2200DB	5.00	19в	1,568.			1,568.			314.
92	COMPUTER EQUIPME	т 04152	2200DB	5.00	19в	1,479.			1,479.			296.
93	COMPUTER EQUIPME	т 04152	2200DB	5.00	19в	1,689.			1,689.			338.
94	COMPUTER EQUIPME	т 04282	2200DB	5.00	19в	2,412.			2,412.			483.
95	COMPUTER EQUIPME	т 04282	2200DB	5.00	19в	2,310.			2,310.			462.
96	COMPUTER EQUIPME	т 04282	2200DB	5.00	19в	1,280.			1,280.			256.
97	COMPUTER EQUIPME	т 04292	2200DB	5.00	19в	2,906.			2,906.			581.
98	COMPUTER EQUIPME	т 05052	2200DB	5.00	19в	520.			520.			104.
99	COMPUTER EQUIPME	т 05142	2200DB	5.00	19в	1,265.			1,265.			253.
100	COMPUTER EQUIPME	т 05182	2200DB	5.00	19в	1,199.			1,199.			240.
101	COMPUTER EQUIPME	т 05182	2200DB	5.00	19в	2,486.			2,486.			497.
102	COMPUTER EQUIPME	т 05182	2200дв	5.00	19в	2,486.			2,486.			497.
103	COMPUTER EQUIPME	т 05272	2200DB	5.00	19в	1,270.			1,270.			254.

228102 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 61 of 316

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
104	COMPUTER EQUIPMENT	062122	200DB	5.00	19в	2,299.			2,299.			460.
105	COMPUTER EQUIPMENT	071922	200DB	5.00	19в	913.			913.			183.
106	COMPUTER EQUIPMENT	081522	200DB	5.00	19в	1,890.			1,890.			378.
107	COMPUTER EQUIPMENT	091622	200DB	5.00	19в	1,880.			1,880.			376.
108	COMPUTER EQUIPMENT	091722	200DB	5.00	19в	900.			900.			180.
109	COMPUTER EQUIPMENT	092222	200DB	5.00	19в	2,688.			2,688.			538.
110	COMPUTER EQUIPMENT	101922	200DB	5.00	19в	2,036.			2,036.			407.
111	COMPUTER EQUIPMENT	111322	200DB	5.00	19в	2,725.			2,725.			545.
112	COMPUTER EQUIPMENT	111822	200DB	5.00	19в	3,402.			3,402.			681.
113	COMPUTER EQUIPMENT	111922	200DB	5.00	19в	3,128.			3,128.			626.
	* OTHER TOTAL -					224,867.		81,173.	143,694.	14,391.		32,045.
	* OTHER TOTAL -					0.			0.	0.		0.
	* GRAND TOTAL OTHER DEPRECIATION					368,243.		163,425.	204,818.	50,627.		37,803.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					257,237.		163,425.	93,812.	50,627.		
	ACQUISITIONS					111,006.		0.	111,006.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					368,243.		163,425.	204,818.	50,627.		

228102 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 62 of 316

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - QLESS, INC.

Asset No.	Description	E Aco	Date quired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction

228102 04-01-22

### Case 24-11395 Doc 1 Filed 06/19/24 Page 63 of 316

### 2023 DEPRECIATION AND AMORTIZATION REPORT

– NEXT YEAR FEDERAL – 🤇

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	EQUIPMENT	070111	200DB	7.00	20,946.	20,946.			0.
7	EQUIPMENT	070114	200DB	7.00	40,108.	20,054.	20,054.	20,054.	0.
8	EQUIPMENT	052016	200DB	7.00	1,981.	991.	990.	946.	44.
9	EQUIPMENT	052016	200DB	7.00	1,778.	889.	889.	849.	40.
10	EQUIPMENT	080316	200DB	7.00	614.	307.	307.	293.	14.
11	EQUIPMENT	091916	200DB	7.00	576.	288.	288.	275.	13.
12	EQUIPMENT	081216	200DB	7.00	4,094.	2,047.	2,047.	1,956.	91.
	* OTHER TOTAL -				70,097.	45,522.	24,575.	24,373.	202.
2	FURNITURE	070112	200DB	7.00	1,028.	514.	514.	514.	0.
3	FURNITURE	070113	200DB	7.00	19,029.	9,515.	9,514.	9,514.	0.
13	FURNITURE	013016	200DB	7.00	681.	341.	340.	325.	15.

228103 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 64 of 316

### 2023 DEPRECIATION AND AMORTIZATION REPORT

– NEXT YEAR FEDERAL – 🤇

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
14	FURNITURE	031916	200DB	7.00	945.	472.	473.	452.	21.
23	FURNITURE	010918	200DB	7.00	9,119.	9,119.			0.
24	FURNITURE	021018	200DB	7.00	2,091.	2,091.			0.
25	FURNITURE	061118	200DB	7.00	3,252.	3,252.			0.
26	FURNITURE	083018	200DB	7.00	9,347.	9,347.			0.
42	FURNITURE	020619	200DB	7.00	2,079.	2,079.			0.
63	FURNITURE	083021	200DB	7.00	14,325.		14,325.	5,189.	2,610.
114	FURNITURE	032322	200DB	7.00	1,363.		1,363.	195.	334.
115	FURNITURE	043022	200DB	7.00	7,652.		7,652.	1,093.	1,874.
116	FURNITURE	092222	200DB	7.00	2,368.		2,368.	339.	580.
	* OTHER TOTAL -				73,279.	36,730.	36,549.	17,621.	5,434.

228103 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 65 of 316

### 2023 DEPRECIATION AND AMORTIZATION REPORT

– NEXT YEAR FEDERAL – QL

- QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
4	LENOVO LAPTOP	042114	200DB	5.00	1,462.	731.	731.	731.	0.
51	LAPTOP	091814	200DB	5.00	2,923.	1,462.	1,461.	1,461.	0.
6	APPLE LAPTOP	101914	200DB	5.00	3,078.	1,539.	1,539.	1,539.	0.
15	COMPUTER EQUIPMENT	070117	200DB	5.00	14,003.	7,001.	7,002.	7,002.	0.
160	COMPUTER EQUIPMENT	012518	200DB	5.00	1,948.	1,948.			0.
170	COMPUTER EQUIPMENT	020618	200DB	5.00	2,317.	2,317.			0.
180	COMPUTER EQUIPMENT	030818	200DB	5.00	1,728.	1,728.			0.
190	COMPUTER EQUIPMENT	060518	200DB	5.00	1,142.	1,142.			0.
20	COMPUTER EQUIPMENT	062218	200DB	5.00	1,976.	1,976.			0.
210	COMPUTER EQUIPMENT	122818	200DB	5.00	3,771.	3,771.			0.
220	COMPUTER EQUIPMENT	102518	200DB	5.00	6,834.	6,834.			0.

228103 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 66 of 316

### 2023 DEPRECIATION AND AMORTIZATION REPORT

– NEXT YEAR FEDERAL – QLE

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
27	COMPUTER EQUIPMENT	013019	200DB	5.00	2,410.	2,410.			0.
28	COMPUTER EQUIPMENT	020319	200DB	5.00	4,275.	4,275.			0.
29	COMPUTER EQUIPMENT	022619	200DB	5.00	1,649.	1,649.			0.
30	COMPUTER EQUIPMENT	030519	200DB	5.00	4,173.	4,173.			0.
31	COMPUTER EQUIPMENT	052119	200DB	5.00	3,060.	3,060.			0.
32	COMPUTER EQUIPMENT	110219	200DB	5.00	2,431.	2,431.			0.
33	COMPUTER EQUIPMENT	110719	200DB	5.00	2,532.	2,532.			0.
34	COMPUTER EQUIPMENT	121019	200DB	5.00	1,499.	1,499.			0.
35	COMPUTER EQUIPMENT	121019	200DB	5.00	2,933.	2,933.			0.
36	COMPUTER EQUIPMENT	012319	200DB	5.00	5,135.	5,135.			0.
37	COMPUTER EQUIPMENT	032719	200DB	5.00	1,219.	1,219.			0.

228103 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 67 of 316

### 2023 DEPRECIATION AND AMORTIZATION REPORT

– NEXT YEAR FEDERAL – QLE

- QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
38	COMPUTER EQUIPMENT	052419	200DB	5.00	3,324.	3,324.			0.
39	COMPUTER EQUIPMENT	060519	200DB	5.00	2,698.	2,698.			0.
40	COMPUTER EQUIPMENT	061319	200DB	5.00	2,899.	2,899.			0.
41	COMPUTER EQUIPMENT	062919	200DB	5.00	2,037.	2,037.			0.
43	COMPUTER EQUIPMENT	072920	200DB	5.00	2,032.	2,032.			0.
44	COMPUTER EQUIPMENT	080620	200DB	5.00	2,220.	2,220.			0.
45	COMPUTER EQUIPMENT	101720	200DB	5.00	2,099.	2,099.			0.
46	COMPUTER EQUIPMENT	101720	200DB	5.00	2,099.	2,099.			0.
47	COMPUTER EQUIPMENT	011921	200DB	5.00	1,657.		1,657.	1,011.	258.
48	COMPUTER EQUIPMENT	011921	200DB	5.00	1,619.		1,619.	988.	252.
49	COMPUTER EQUIPMENT	032221	200DB	5.00	1,825.		1,825.	1,113.	285.

228103 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 68 of 316

### 2023 DEPRECIATION AND AMORTIZATION REPORT

– NEXT YEAR FEDERAL – QLE

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
50	COMPUTER EQUIPMENT	053021	200DB	5.00	1,657.		1,657.	911.	298.
51	COMPUTER EQUIPMENT	080421	200DB	5.00	2,534.		2,534.	1,242.	517.
52	COMPUTER EQUIPMENT	081121	200DB	5.00	1,197.		1,197.	587.	244.
53	COMPUTER EQUIPMENT	092921	200DB	5.00	1,581.		1,581.	775.	322.
54	COMPUTER EQUIPMENT	100921	200DB	5.00	2,981.		2,981.	1,282.	680.
55	COMPUTER EQUIPMENT	101921	200DB	5.00	1,750.		1,750.	753.	399.
56	COMPUTER EQUIPMENT	102021	200DB	5.00	2,672.		2,672.	1,149.	609.
57	COMPUTER EQUIPMENT	102021	200DB	5.00	546.		546.	235.	124.
58	COMPUTER EQUIPMENT	102921	200DB	5.00	1,760.		1,760.	757.	401.
59	COMPUTER EQUIPMENT	110121	200DB	5.00	1,480.		1,480.	636.	338.
60	COMPUTER EQUIPMENT	110121	200DB	5.00	1,587.		1,587.	682.	362.

228103 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 69 of 316

### 2023 DEPRECIATION AND AMORTIZATION REPORT

– NEXT YEAR FEDERAL – QLE

- QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
61	COMPUTER EQUIPMENT	111521	200DB	5.00	2,454.		2,454.	1,055.	560.
62	COMPUTER EQUIPMENT	122121	200DB	5.00	6,038.		6,038.	2,596.	1,377.
64	COMPUTER EQUIPMENT	010422	200DB	5.00	4,854.		4,854.	971.	1,553.
65	COMPUTER EQUIPMENT	010522	200DB	5.00	1,500.		1,500.	300.	480.
66	COMPUTER EQUIPMENT	010522	200DB	5.00	280.		280.	56.	90.
67	COMPUTER EQUIPMENT	020822	200DB	5.00	2,114.		2,114.	423.	676.
68	COMPUTER EQUIPMENT	020822	200DB	5.00	1,450.		1,450.	290.	464.
69	COMPUTER EQUIPMENT	021022	200DB	5.00	2,449.		2,449.	490.	784.
70	COMPUTER EQUIPMENT	021622	200DB	5.00	2,430.		2,430.	486.	778.
71	COMPUTER EQUIPMENT	022322	200DB	5.00	1,556.		1,556.	311.	498.
72	COMPUTER EQUIPMENT	022322	200DB	5.00	4,045.		4,045.	809.	1,294.

228103 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 70 of 316

### 2023 DEPRECIATION AND AMORTIZATION REPORT

– NEXT YEAR FEDERAL – QLE

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
73	COMPUTER EQUIPMENT	022422	200DB	5.00	1,079.		1,079.	216.	345.
74	COMPUTER EQUIPMENT	022522	200DB	5.00	1,156.		1,156.	231.	370.
75	COMPUTER EQUIPMENT	022622	200DB	5.00	2,428.		2,428.	486.	777.
76	COMPUTER EQUIPMENT	022722	200DB	5.00	529.		529.	106.	169.
77	COMPUTER EQUIPMENT	022722	200DB	5.00	849.		849.	170.	272.
78	COMPUTER EQUIPMENT	022722	200DB	5.00	911.		911.	182.	292.
79	COMPUTER EQUIPMENT	022822	200DB	5.00	884.		884.	177.	283.
80	COMPUTER EQUIPMENT	030122	200DB	5.00	1,232.		1,232.	247.	394.
81	COMPUTER EQUIPMENT	032222	200DB	5.00	2,299.		2,299.	460.	736.
82	COMPUTER EQUIPMENT	032222	200DB	5.00	2,337.		2,337.	468.	748.
83	COMPUTER EQUIPMENT	032922	200DB	5.00	9,261.		9,261.	1,852.	2,964.

228103 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 71 of 316

### 2023 DEPRECIATION AND AMORTIZATION REPORT

– NEXT YEAR FEDERAL – QLES

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
84	COMPUTER EQUIPMENT	033022	200DB	5.00	2,833.		2,833.	567.	906.
85	COMPUTER EQUIPMENT	040622	200DB	5.00	1,018.		1,018.	204.	326.
86	COMPUTER EQUIPMENT	040722	200DB	5.00	1,579.		1,579.	316.	505.
87	COMPUTER EQUIPMENT	040722	200DB	5.00	879.		879.	176.	281.
88	COMPUTER EQUIPMENT	040722	200DB	5.00	1,940.		1,940.	388.	621.
89	COMPUTER EQUIPMENT	040822	200DB	5.00	550.		550.	110.	176.
90	COMPUTER EQUIPMENT	040822	200DB	5.00	2,450.		2,450.	490.	784.
91	COMPUTER EQUIPMENT	041422	200DB	5.00	1,568.		1,568.	314.	502.
92	COMPUTER EQUIPMENT	041522	200DB	5.00	1,479.		1,479.	296.	473.
93	COMPUTER EQUIPMENT	041522	200DB	5.00	1,689.		1,689.	338.	540.
94	COMPUTER EQUIPMENT	042822	200DB	5.00	2,412.		2,412.	483.	772.

228103 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 72 of 316

### 2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - QLE;

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
95	COMPUTER EQUIPMENT	042822	200DB	5.00	2,310.		2,310.	462.	739.
96	COMPUTER EQUIPMENT	042822	200DB	5.00	1,280.		1,280.	256.	410.
97	COMPUTER EQUIPMENT	042922	200DB	5.00	2,906.		2,906.	581.	930.
98	COMPUTER EQUIPMENT	050522	200DB	5.00	520.		520.	104.	166.
99	COMPUTER EQUIPMENT	051422	200DB	5.00	1,265.		1,265.	253.	405.
100	COMPUTER EQUIPMENT	051822	200DB	5.00	1,199.		1,199.	240.	384.
101	COMPUTER EQUIPMENT	051822	200DB	5.00	2,486.		2,486.	497.	796.
102	COMPUTER EQUIPMENT	051822	200DB	5.00	2,486.		2,486.	497.	796.
103	COMPUTER EQUIPMENT	052722	200DB	5.00	1,270.		1,270.	254.	406.
104	COMPUTER EQUIPMENT	062122	200DB	5.00	2,299.		2,299.	460.	736.
105	COMPUTER EQUIPMENT	071922	200DB	5.00	913.		913.	183.	292.

228103 04-01-22

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 73 of 316

### 2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
106	COMPUTER EQUIPMENT	081522	200DB	5.00	1,890.		1,890.	378.	605.
107	COMPUTER EQUIPMENT	091622	200DB	5.00	1,880.		1,880.	376.	602.
108	COMPUTER EQUIPMENT	091722	200DB	5.00	900.		900.	180.	288.
109	COMPUTER EQUIPMENT	092222	200DB	5.00	2,688.		2,688.	538.	860.
110	COMPUTER EQUIPMENT	101922	200DB	5.00	2,036.		2,036.	407.	652.
111	COMPUTER EQUIPMENT	111322	200DB	5.00	2,725.		2,725.	545.	872.
112	COMPUTER EQUIPMENT	111822	200DB	5.00	3,402.		3,402.	681.	1,088.
113	COMPUTER EQUIPMENT	111922	200DB	5.00	3,128.		3,128.	626.	1,001.
	* OTHER TOTAL -				224,867.	81,173.	143,694.	46,436.	38,907.
	* OTHER TOTAL -				0.	0.	0.	0.	0.
	* GRAND TOTAL OTHER DEPRECIATION AMT DEPRECIATION ACE DEPRECIATION				368,243. 0. 0.	163425.	204,818. 0. 0.	88,430. 0. 0.	44,543. 0. 0.

228103 04-01-22

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

#### 2022 AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - QLESS, INC.

Asset No.	Description		Date quire	d	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Amortization	Beginning Accumulated Amortization	Current Year Deduction	Ending Accumulated Amortization
	* OTHER TOTAL -						0.			0.	0.	0.	0.
	* OTHER TOTAL -						0.			0.	0.	0.	0.
	* OTHER TOTAL -						0.			0.	0.	0.	0.
117	SECTION 174 CAPITALIZED ASSET - DOMESTIC	07	01	22	60M	42	404,779.			404,779.		40,478.	40,478.
118	SECTION 174 CAPITALIZED ASSET - FOREIGN	07			180M	42	1,936,191.			1,936,191.		64,540.	64,540.
	* OTHER TOTAL -						2,340,970.			2,340,970.	0.	105,018.	105,018.
	* GRAND TOTAL OTHER AMORTIZATION						2,340,970.			2,340,970.	0.	105,018.	105,018.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE						0.		0.	0.	0.		0.
	ACQUISITIONS						2,340,970.		٥.	2,340,970.	0.		105,018.
	DISPOSITIONS/RETIRED						0.		0.	0.	0.		0.
	ENDING BALANCE						2,340,970.		0.	2,340,970.	0.		105,018.

228121 04-01-22

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction

Case 24-11395 Doc 1 Filed 06/19/24 Page 75 of 316

2023 AMORTIZATION REPORT

- NEXT YEAR FEDERAL - QLESS, INC.

Unadjusted Cost Or Basis Accumulated Amortization Basis For Amount Of Date Asset No. Life Reduction In Description Acquired Amortization Amortization Basis OTHER TOTAL -0. \* 0. 0. 0. 0. \* OTHER TOTAL -0 0. 0. 0. 0. \* OTHER TOTAL -0. 0. 0. 0. 0. 117 SECTION 174 CAPITALIZED ASSET - DOME 07012260M 404,779. 404,779. 40,478. 80,956. 070122180M 64,540. 129,079. 118 SECTION 174 CAPITALIZED ASSET - FORE 1936191. 1936191. 2340970. 105,018. 210,035. \* OTHER TOTAL -2340970. 0. \* GRAND TOTAL OTHER AMORTIZATION 2340970. 0. 2340970. 105,018. 210,035. AMT DEPRECIATION 0. 0. 0. 0. 0. 0. 0. 0. ACE DEPRECIATION

228125 04-01-22

(D) - Asset disposed

\* ITC, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

### Case 24-11395 Doc 1 Filed 06/19/24 Page 76 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	EQUIPMENT	070111	200DB	7.00	17	20,946.			20,946.			0.
7	EQUIPMENT	070114	200DB	7.00	17	40,108.			40,108.	20,054.		0.
8	EQUIPMENT	052016	200DB	7.00	17	1,981.			1,981.	857.		749.
9	EQUIPMENT	052016	200DB	7.00	17	1,778.			1,778.	770.		672.
10	EQUIPMENT	080316	200DB	7.00	17	614.			614.	266.		232.
11	EQUIPMENT	091916	200DB	7.00	17	576.			576.	250.		217.
12	EQUIPMENT	081216	200DB	7.00	17	4,094.			4,094.	1,773.		1,547.
	* OTHER TOTAL -					70,097.			70,097.	23,970.		3,417.
2	FURNITURE	070112	200DB	7.00	17	1,028.			1,028.	514.		0.
3	FURNITURE	070113	200DB	7.00	17	19,029.			19,029.	9,514.		0.
13	FURNITURE	013016	200DB	7.00	17	681.			681.	294.		258.
14	FURNITURE	031916	200DB	7.00	17	945.			945.	409.		357.
23	FURNITURE	010918	200DB	7.00	17	9,119.			9,119.			2,605.
24	FURNITURE	021018	200DB	7.00	17	2,091.			2,091.			597.
25	FURNITURE	061118	200DB	7.00	17	3,252.			3,252.			929.
26	FURNITURE	083018	200DB	7.00	17	9,347.			9,347.			2,671.
42	FURNITURE	020619	200DB	7.00	17	2,079.			2,079.			594.
63	FURNITURE	083021	200DB	7.00	17	14,325.			14,325.	1,535.		3,654.

228102 04-01-22

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 77 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
114	FURNITURE	0323222	200DB	7.00	19C	1,363.			1,363.			195.
115	FURNITURE	0430222	200DB	7.00	19C	7,652.			7,652.			1,093.
116	FURNITURE	0922222	00DB	7.00	19C	2,368.			2,368.			339.
	* OTHER TOTAL -					73,279.			73,279.	12,266.		13,292.
4	LENOVO LAPTOP	0421142	200DB	5.00	17	1,462.			1,462.	731.		0.
5	LAPTOP	0918142	200DB	5.00	17	2,923.			2,923.	1,461.		0.
6	APPLE LAPTOP	1019142	200DB	5.00	17	3,078.			3,078.	1,539.		0.
15	COMPUTER EQUIPMENT	0701172	200DB	5.00	17	14,003.			14,003.	6,599.		7,404.
16	COMPUTER EQUIPMENT	0125182	200DB	5.00	17	1,948.			1,948.			1,299.
17	COMPUTER EQUIPMENT	0206182	200DB	5.00	17	2,317.			2,317.			1,545.
18	COMPUTER EQUIPMENT	0308182	200DB	5.00	17	1,728.			1,728.			1,152.
19	COMPUTER EQUIPMENT	0605182	200DB	5.00	17	1,142.			1,142.			761.
20	COMPUTER EQUIPMENT	0622182	200DB	5.00	17	1,976.			1,976.			1,317.
21	COMPUTER EQUIPMENT	1228182	200DB	5.00	17	3,771.			3,771.			2,514.
22	COMPUTER EQUIPMENT	1025182	200DB	5.00	17	6,834.			6,834.			4,556.
27	COMPUTER EQUIPMENT	0130192	200DB	5.00	17	2,410.			2,410.			964.
28	COMPUTER EQUIPMENT	0203192	200DB	5.00	17	4,275.			4,275.			1,710.
29	COMPUTER EQUIPMENT	0226192	200DB	5.00	17	1,649.			1,649.			660.

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 78 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired Me	hod Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
30	COMPUTER EQUIPMENT	03051920	DB5.00	17	4,173.			4,173.			1,669.
31	COMPUTER EQUIPMENT	05211920	DB5.00	17	3,060.			3,060.			1,224.
32	COMPUTER EQUIPMENT	11021920	DB5.00	17	2,431.			2,431.			972.
33	COMPUTER EQUIPMENT	11071920	DB5.00	17	2,532.			2,532.			1,013.
34	COMPUTER EQUIPMENT	12101920	DB5.00	17	1,499.			1,499.			600.
35	COMPUTER EQUIPMENT	12101920	DB5.00	17	2,933.			2,933.			1,173.
36	COMPUTER EQUIPMENT	01231920	DB5.00	17	5,135.			5,135.			2,054.
37	COMPUTER EQUIPMENT	03271920	DB5.00	17	1,219.			1,219.			488.
38	COMPUTER EQUIPMENT	05241920	DB5.00	17	3,324.			3,324.			1,330.
39	COMPUTER EQUIPMENT	06051920	DB5.00	17	2,698.			2,698.			1,079.
40	COMPUTER EQUIPMENT	06131920	DB5.00	17	2,899.			2,899.			1,160.
41	COMPUTER EQUIPMENT	06291920	DB5.00	17	2,037.			2,037.			815.
43	COMPUTER EQUIPMENT	07292020	DB5.00	17	2,032.			2,032.			813.
44	COMPUTER EQUIPMENT	08062020	DB5.00	17	2,220.			2,220.			888.
45	COMPUTER EQUIPMENT	10172020	DB5.00	17	2,099.			2,099.			840.
46	COMPUTER EQUIPMENT	101720200	DB5.00	17	2,099.			2,099.			840.
47	COMPUTER EQUIPMENT	01192120	DB5.00	17	1,657.			1,657.	580.		431.
48	COMPUTER EQUIPMENT	01192120	DB5.00	17	1,619.			1,619.	567.		421.

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 79 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
49	COMPUTER EQUIPMENT	032221	200DB	5.00	17	1,825.			1,825.	639.		474.
50	COMPUTER EQUIPMENT	053021	200DB	5.00	17	1,657.			1,657.	414.		497.
51	COMPUTER EQUIPMENT	080421	200DB	5.00	17	2,534.			2,534.	380.		862.
52	COMPUTER EQUIPMENT	081121	200DB	5.00	17	1,197.			1,197.	180.		407.
53	COMPUTER EQUIPMENT	092921	200DB	5.00	17	1,581.			1,581.	237.		538.
54	COMPUTER EQUIPMENT	100921	200DB	5.00	17	2,981.			2,981.	149.		1,133.
55	COMPUTER EQUIPMENT	101921	200DB	5.00	17	1,750.			1,750.	88.		665.
56	COMPUTER EQUIPMENT	102021	200DB	5.00	17	2,672.			2,672.	134.		1,015.
57	COMPUTER EQUIPMENT	102021	200DB	5.00	17	546.			546.	27.		208.
58	COMPUTER EQUIPMENT	102921	200DB	5.00	17	1,760.			1,760.	88.		669.
59	COMPUTER EQUIPMENT	110121	200DB	5.00	17	1,480.			1,480.	74.		562.
60	COMPUTER EQUIPMENT	110121	200DB	5.00	17	1,587.			1,587.	79.		603.
61	COMPUTER EQUIPMENT	111521	200DB	5.00	17	2,454.			2,454.	123.		932.
62	COMPUTER EQUIPMENT	122121	200DB	5.00	17	6,038.			6,038.	302.		2,294.
64	COMPUTER EQUIPMENT	010422	200DB	5.00	19в	4,854.			4,854.			971.
65	COMPUTER EQUIPMENT	010522	200DB	5.00	19B	1,500.			1,500.			300.
66	COMPUTER EQUIPMENT	010522	200DB	5.00	19в	280.			280.			56.
67	COMPUTER EQUIPMENT	020822	200DB	5.00	19в	2,114.			2,114.			423.

# Case 24-11395 Doc 1 Filed 06/19/24 Page 80 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired Metho	d Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
68	COMPUTER EQUIPMENT	0208222001	в5.00	19в	1,450.			1,450.			290.
69	COMPUTER EQUIPMENT	0210222001	в5.00	19в	2,449.			2,449.			490.
70	COMPUTER EQUIPMENT	0216222001	в5.00	19в	2,430.			2,430.			486.
71	COMPUTER EQUIPMENT	0223222001	в5.00	19в	1,556.			1,556.			311.
72	COMPUTER EQUIPMENT	0223222001	в5.00	19в	4,045.			4,045.			809.
73	COMPUTER EQUIPMENT	0224222001	в5.00	19в	1,079.			1,079.			216.
74	COMPUTER EQUIPMENT	0225222001	в5.00	19в	1,156.			1,156.			231.
75	COMPUTER EQUIPMENT	0226222001	в5.00	19в	2,428.			2,428.			486.
76	COMPUTER EQUIPMENT	0227222001	в5.00	19в	529.			529.			106.
77	COMPUTER EQUIPMENT	0227222001	в5.00	19в	849.			849.			170.
78	COMPUTER EQUIPMENT	0227222001	в5.00	19в	911.			911.			182.
79	COMPUTER EQUIPMENT	0228222001	в5.00	19в	884.			884.			177.
80	COMPUTER EQUIPMENT	0301222001	в5.00	19в	1,232.			1,232.			247.
81	COMPUTER EQUIPMENT	0322222001	в5.00	19в	2,299.			2,299.			460.
82	COMPUTER EQUIPMENT	0322222001	в5.00	19в	2,337.			2,337.			468.
83	COMPUTER EQUIPMENT	0329222001	в5.00	19в	9,261.			9,261.			1,852.
84	COMPUTER EQUIPMENT	0330222001	в5.00	19в	2,833.			2,833.			567.
85	COMPUTER EQUIPMENT	0406222001	в5.00	19в	1,018.			1,018.			204.

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 81 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired M	ethod Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
86	COMPUTER EQUIPMENT	04072220	00085.00	19в	1,579.			1,579.			316.
87	COMPUTER EQUIPMENT	04072220	0DB5.00	19в	879.			879.			176.
88	COMPUTER EQUIPMENT	04072220	00085.00	19в	1,940.			1,940.			388.
89	COMPUTER EQUIPMENT	04082220	00085.00	19в	550.			550.			110.
90	COMPUTER EQUIPMENT	04082220	00085.00	19в	2,450.			2,450.			490.
91	COMPUTER EQUIPMENT	04142220	00085.00	19в	1,568.			1,568.			314.
92	COMPUTER EQUIPMENT	04152220	0085.00	19в	1,479.			1,479.			296.
93	COMPUTER EQUIPMENT	04152220	0DB5.00	19в	1,689.			1,689.			338.
94	COMPUTER EQUIPMENT	04282220	0085.00	19в	2,412.			2,412.			483.
95	COMPUTER EQUIPMENT	04282220	0DB5.00	19в	2,310.			2,310.			462.
96	COMPUTER EQUIPMENT	04282220	0085.00	19в	1,280.			1,280.			256.
97	COMPUTER EQUIPMENT	04292220	00085.00	19в	2,906.			2,906.			581.
98	COMPUTER EQUIPMENT	05052220	0085.00	19в	520.			520.			104.
99	COMPUTER EQUIPMENT	05142220	0DB5.00	19в	1,265.			1,265.			253.
100	COMPUTER EQUIPMENT	05182220	0085.00	19в	1,199.			1,199.			240.
101	COMPUTER EQUIPMENT	05182220	0DB5.00	19в	2,486.			2,486.			497.
102	COMPUTER EQUIPMENT	05182220	0085.00	19в	2,486.			2,486.			497.
103	COMPUTER EQUIPMENT	05272220	0DB5.00	19в	1,270.			1,270.			254.

228102 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 82 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
104	COMPUTER EQUIPMENT	062122	200DB	5.00	19в	2,299.			2,299.			460.
105	COMPUTER EQUIPMENT	071922	200DB	5.00	19B	913.			913.			183.
106	COMPUTER EQUIPMENT	081522	200DB	5.00	19в	1,890.			1,890.			378.
107	COMPUTER EQUIPMENT	091622	200DB	5.00	19в	1,880.			1,880.			376.
108	COMPUTER EQUIPMENT	091722	200DB	5.00	19в	900.			900.			180.
109	COMPUTER EQUIPMENT	092222	200DB	5.00	19в	2,688.			2,688.			538.
110	COMPUTER EQUIPMENT	101922	200DB	5.00	19в	2,036.			2,036.			407.
111	COMPUTER EQUIPMENT	111322	200DB	5.00	19в	2,725.			2,725.			545.
112	COMPUTER EQUIPMENT	111822	200DB	5.00	19в	3,402.			3,402.			681.
113	COMPUTER EQUIPMENT	111922	200DB	5.00	19в	3,128.			3,128.			626.
	* OTHER TOTAL -					224,867.			224,867.	14,391.		72,482.
117	SECTION 174 CAPITALIZED ASSET -	070122		60.00		404,779.			404,779.			0.
	SECTION 174 CAPITALIZED ASSET -	070122		180M		1936191.			1936191.			0.
	* OTHER TOTAL -					2340970.			2340970.			0.
	* GRAND TOTAL OTHER DEPRECIATION					2709213.			2709213.	50,627.		89,191.
	TOTALS FOR CALIFORNIA					2709213.			2709213.	50,627.		89,191.
1	EQUIPMENT	070111	200DB	7.00	17	20,946.		20,946.				0.
7	EQUIPMENT	070114	200DB	7.00	17	40,108.		20,054.	20,054.	20,054.		0.

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 83 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
8	EQUIPMENT	052016	200DB	7.00	17	1,981.		991.	990.	857.		89.
9	EQUIPMENT	052016	200DB	7.00	17	1,778.		889.	889.	770.		79.
10	EQUIPMENT	080316	200DB	7.00	17	614.		307.	307.	266.		27.
11	EQUIPMENT	091916	200DB	7.00	17	576.		288.	288.	250.		25.
12	EQUIPMENT	081216	200DB	7.00	17	4,094.		2,047.	2,047.	1,773.		183.
	* OTHER TOTAL -					70,097.		45,522.	24,575.	23,970.		403.
2	FURNITURE	070112	200DB	7.00	17	1,028.		514.	514.	514.		0.
3	FURNITURE	070113	200DB	7.00	17	19,029.		9,515.	9,514.	9,514.		0.
13	FURNITURE	013016	200DB	7.00	17	681.		341.	340.	294.		31.
14	FURNITURE	031916	200DB	7.00	17	945.		472.	473.	409.		43.
23	FURNITURE	010918	200DB	7.00	17	9,119.		9,119.				0.
24	FURNITURE	021018	200DB	7.00	17	2,091.		2,091.				0.
25	FURNITURE	061118	200DB	7.00	17	3,252.		3,252.				0.
26	FURNITURE	083018	200DB	7.00	17	9,347.		9,347.				0.
42	FURNITURE	020619	200DB	7.00	17	2,079.		2,079.				0.
63	FURNITURE	083021	200DB	7.00	17	14,325.			14,325.	1,535.		3,654.
114	FURNITURE	032322	200DB	7.00	19C	1,363.			1,363.			195.
115	FURNITURE	043022	200DB	7.00	19C	7,652.			7,652.			1,093.

228102 04-01-22

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 84 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
116	FURNITURE	092222	200DB	7.00	19C	2,368.			2,368.			339.
	* OTHER TOTAL -					73,279.		36,730.	36,549.	12,266.		5,355.
4	LENOVO LAPTOP	042114	200DB	5.00	17	1,462.		731.	731.	731.		0.
5	LAPTOP	091814	200DB	5.00	17	2,923.		1,462.	1,461.	1,461.		0.
6	APPLE LAPTOP	101914	200DB	5.00	17	3,078.		1,539.	1,539.	1,539.		0.
15	COMPUTER EQUIPMENT	070117	200DB	5.00	17	14,003.		7,001.	7,002.	6,599.		403.
16	COMPUTER EQUIPMENT	012518	200DB	5.00	17	1,948.		1,948.				0.
17	COMPUTER EQUIPMENT	020618	200DB	5.00	17	2,317.		2,317.				0.
18	COMPUTER EQUIPMENT	030818	200DB	5.00	17	1,728.		1,728.				0.
19	COMPUTER EQUIPMENT	060518	200DB	5.00	17	1,142.		1,142.				0.
20	COMPUTER EQUIPMENT	062218	200DB	5.00	17	1,976.		1,976.				0.
21	COMPUTER EQUIPMENT	122818	200DB	5.00	17	3,771.		3,771.				0.
22	COMPUTER EQUIPMENT	102518	200DB	5.00	17	6,834.		6,834.				0.
27	COMPUTER EQUIPMENT	013019	200DB	5.00	17	2,410.		2,410.				0.
28	COMPUTER EQUIPMENT	020319	200DB	5.00	17	4,275.		4,275.				0.
29	COMPUTER EQUIPMENT	022619	200DB	5.00	17	1,649.		1,649.				0.
30	COMPUTER EQUIPMENT	030519	200DB	5.00	17	4,173.		4,173.				0.
31	COMPUTER EQUIPMENT	052119	200DB	5.00	17	3,060.		3,060.				0.

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 85 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired N	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
32	COMPUTER EQUIPMENT	11021920	00DB5	.00	17	2,431.		2,431.				0.
33	COMPUTER EQUIPMENT	11071920	00DB5	.00	17	2,532.		2,532.				0.
34	COMPUTER EQUIPMENT	12101920	00DB5	.00	17	1,499.		1,499.				0.
35	COMPUTER EQUIPMENT	12101920	00DB5	.00	17	2,933.		2,933.				0.
36	COMPUTER EQUIPMENT	01231920	00DB5	.00	17	5,135.		5,135.				0.
37	COMPUTER EQUIPMENT	03271920	00DB5	.00	17	1,219.		1,219.				0.
38	COMPUTER EQUIPMENT	05241920	00DB5	.00	17	3,324.		3,324.				0.
39	COMPUTER EQUIPMENT	06051920	00DB5	.00	17	2,698.		2,698.				0.
40	COMPUTER EQUIPMENT	06131920	00DB5	.00	17	2,899.		2,899.				0.
41	COMPUTER EQUIPMENT	06291920	00DB5	.00	17	2,037.		2,037.				0.
43	COMPUTER EQUIPMENT	07292020	00DB5	.00	17	2,032.		2,032.				0.
44	COMPUTER EQUIPMENT	08062020	00DB5	.00	17	2,220.		2,220.				0.
45	COMPUTER EQUIPMENT	10172020	00DB5	.00	17	2,099.		2,099.				0.
46	COMPUTER EQUIPMENT	10172020	00DB5	.00	17	2,099.		2,099.				0.
47	COMPUTER EQUIPMENT	01192120	00DB5	.00	17	1,657.			1,657.	580.		431.
48	COMPUTER EQUIPMENT	01192120	00DB5	.00	17	1,619.			1,619.	567.		421.
49	COMPUTER EQUIPMENT	03222120	00DB5	.00	17	1,825.			1,825.	639.		474.
50	COMPUTER EQUIPMENT	05302120	00DB5	.00	17	1,657.			1,657.	414.		497.

228102 04-01-22

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 86 of 316

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired Me	nod Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	COMPUTER EQUIPMENT	08042120	DB5.00	17	2,534.			2,534.	380.		862.
52	COMPUTER EQUIPMENT	08112120	DB5.00	17	1,197.			1,197.	180.		407.
53	COMPUTER EQUIPMENT	09292120	DB5.00	17	1,581.			1,581.	237.		538.
54	COMPUTER EQUIPMENT	10092120	DB5.00	17	2,981.			2,981.	149.		1,133.
55	COMPUTER EQUIPMENT	10192120	DB5.00	17	1,750.			1,750.	88.		665.
56	COMPUTER EQUIPMENT	10202120	DB5.00	17	2,672.			2,672.	134.		1,015.
57	COMPUTER EQUIPMENT	10202120	DB5.00	17	546.			546.	27.		208.
58	COMPUTER EQUIPMENT	10292120	DB5.00	17	1,760.			1,760.	88.		669.
59	COMPUTER EQUIPMENT	11012120	DB5.00	17	1,480.			1,480.	74.		562.
60	COMPUTER EQUIPMENT	11012120	DB5.00	17	1,587.			1,587.	79.		603.
61	COMPUTER EQUIPMENT	11152120	DB5.00	17	2,454.			2,454.	123.		932.
62	COMPUTER EQUIPMENT	12212120	DB5.00	17	6,038.			6,038.	302.		2,294.
64	COMPUTER EQUIPMENT	01042220	DB5.00	19в	4,854.			4,854.			971.
65	COMPUTER EQUIPMENT	01052220	DB5.00	19в	1,500.			1,500.			300.
66	COMPUTER EQUIPMENT	01052220	DB5.00	19в	280.			280.			56.
67	COMPUTER EQUIPMENT	02082220	DB5.00	19в	2,114.			2,114.			423.
68	COMPUTER EQUIPMENT	02082220	DB5.00	19в	1,450.			1,450.			290.
69	COMPUTER EQUIPMENT	02102220	DB5.00	19в	2,449.			2,449.			490.

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 87 of 316

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
70	COMPUTER EQUIPMENT	0216222	200DB5	5.00	19B	2,430.			2,430.			486.
71	COMPUTER EQUIPMENT	0223222	200DB5	5.00	19B	1,556.			1,556.			311.
72	COMPUTER EQUIPMENT	0223222	200DB5	5.00	19B	4,045.			4,045.			809.
73	COMPUTER EQUIPMENT	0224222	200DB5	5.00	19B	1,079.			1,079.			216.
74	COMPUTER EQUIPMENT	0225222	00DB5	5.00	19B	1,156.			1,156.			231.
75	COMPUTER EQUIPMENT	0226222	00DB5	5.00	19B	2,428.			2,428.			486.
76	COMPUTER EQUIPMENT	0227222	200DB5	5.00	19B	529.			529.			106.
77	COMPUTER EQUIPMENT	0227222	200DB5	5.00	19B	849.			849.			170.
78	COMPUTER EQUIPMENT	0227222	200DB5	5.00	19B	911.			911.			182.
79	COMPUTER EQUIPMENT	0228222	200DB5	5.00	19B	884.			884.			177.
80	COMPUTER EQUIPMENT	0301222	200DB5	5.00	19B	1,232.			1,232.			247.
81	COMPUTER EQUIPMENT	0322222	200DB5	5.00	19B	2,299.			2,299.			460.
82	COMPUTER EQUIPMENT	0322222	200DB5	5.00	19B	2,337.			2,337.			468.
83	COMPUTER EQUIPMENT	0329222	200DB5	5.00	19B	9,261.			9,261.			1,852.
84	COMPUTER EQUIPMENT	0330222	200DB5	5.00	19B	2,833.			2,833.			567.
85	COMPUTER EQUIPMENT	0406222	200DB5	5.00	19B	1,018.			1,018.			204.
86	COMPUTER EQUIPMENT	0407222	00DB5	5.00	19B	1,579.			1,579.			316.
87	COMPUTER EQUIPMENT	0407222	200DB5	5.00	19в	879.			879.			176.

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 88 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
88	COMPUTER EQUIPMENT	040722	200DB	5.00	19в	1,940.			1,940.			388.
89	COMPUTER EQUIPMENT	040822	200DB	5.00	19B	550.			550.			110.
90	COMPUTER EQUIPMENT	040822	200DB	5.00	19в	2,450.			2,450.			490.
91	COMPUTER EQUIPMENT	041422	200DB	5.00	19в	1,568.			1,568.			314.
92	COMPUTER EQUIPMENT	041522	200DB	5.00	19в	1,479.			1,479.			296.
93	COMPUTER EQUIPMENT	041522	200DB	5.00	19в	1,689.			1,689.			338.
94	COMPUTER EQUIPMENT	042822	200DB	5.00	19в	2,412.			2,412.			483.
95	COMPUTER EQUIPMENT	042822	200DB	5.00	19в	2,310.			2,310.			462.
96	COMPUTER EQUIPMENT	042822	200DB	5.00	19в	1,280.			1,280.			256.
97	COMPUTER EQUIPMENT	042922	200DB	5.00	19в	2,906.			2,906.			581.
98	COMPUTER EQUIPMENT	050522	200DB	5.00	19в	520.			520.			104.
99	COMPUTER EQUIPMENT	051422	200DB	5.00	19в	1,265.			1,265.			253.
100	COMPUTER EQUIPMENT	051822	200DB	5.00	19в	1,199.			1,199.			240.
101	COMPUTER EQUIPMENT	051822	200DB	5.00	19в	2,486.			2,486.			497.
102	COMPUTER EQUIPMENT	051822	200DB	5.00	19в	2,486.			2,486.			497.
103	COMPUTER EQUIPMENT	052722	200DB	5.00	19в	1,270.			1,270.			254.
104	COMPUTER EQUIPMENT	062122	200DB	5.00	19в	2,299.			2,299.			460.
105	COMPUTER EQUIPMENT	071922	200DB	5.00	19в	913.			913.			183.

228102 04-01-22

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 89 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
106	COMPUTER EQUIPMENT	081522	200DB	5.00	19в	1,890.			1,890.			378.
107	COMPUTER EQUIPMENT	091622	200DB	5.00	19B	1,880.			1,880.			376.
108	COMPUTER EQUIPMENT	091722	200DB	5.00	19в	900.			900.			180.
109	COMPUTER EQUIPMENT	092222	200DB	5.00	19в	2,688.			2,688.			538.
110	COMPUTER EQUIPMENT	101922	200DB	5.00	19в	2,036.			2,036.			407.
111	COMPUTER EQUIPMENT	111322	200DB	5.00	19B	2,725.			2,725.			545.
112	COMPUTER EQUIPMENT	111822	200DB	5.00	19в	3,402.			3,402.			681.
113	COMPUTER EQUIPMENT	111922	200DB	5.00	19B	3,128.			3,128.			626.
	* OTHER TOTAL -					224,867.		81,173.	143,694.	14,391.		32,045.
117	SECTION 174 CAPITALIZED ASSET -	070122		60.00		404,779.			404,779.			0.
	SECTION 174 CAPITALIZED ASSET -	070122		180M		1936191.			1936191.			0.
	* OTHER TOTAL -					2340970.			2340970.			0.
	* GRAND TOTAL OTHER DEPRECIATION					2709213.		163,425.	2545788.	50,627.		37,803.
	TOTALS FOR GEORGIA					2709213.		163,425.	2545788.	50,627.		37,803.
1	EQUIPMENT	070111	200DB	7.00	17	20,946.		20,946.				0.
7	EQUIPMENT	070114	200DB	7.00	17	40,108.		20,054.	20,054.	20,054.		0.
8	EQUIPMENT	052016	200DB	7.00	17	1,981.		991.	990.	857.		89.
9	EQUIPMENT	052016	200DB	7.00	17	1,778.		889.	889.	770.		79.

228102 04-01-22

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 90 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
10	EQUIPMENT	080316	200DB	7.00	17	614.		307.	307.	266.		27.
11	EQUIPMENT	091916	200DB	7.00	17	576.		288.	288.	250.		25.
12	EQUIPMENT	081216	200DB	7.00	17	4,094.		2,047.	2,047.	1,773.		183.
	* OTHER TOTAL -					70,097.		45,522.	24,575.	23,970.		403.
2	FURNITURE	070112	200DB	7.00	17	1,028.		514.	514.	514.		0.
3	FURNITURE	070113	200DB	7.00	17	19,029.		9,515.	9,514.	9,514.		0.
13	FURNITURE	013016	200DB	7.00	17	681.		341.	340.	294.		31.
14	FURNITURE	031916	200DB	7.00	17	945.		472.	473.	409.		43.
23	FURNITURE	010918	200DB	7.00	17	9,119.		9,119.				0.
24	FURNITURE	021018	200DB	7.00	17	2,091.		2,091.				0.
25	FURNITURE	061118	200DB	7.00	17	3,252.		3,252.				0.
26	FURNITURE	083018	200DB	7.00	17	9,347.		9,347.				0.
42	FURNITURE	020619	200DB	7.00	17	2,079.		2,079.				0.
63	FURNITURE	083021	200DB	7.00	17	14,325.			14,325.	1,535.		3,654.
114	FURNITURE	032322	200DB	7.00	19C	1,363.			1,363.			195.
115	FURNITURE	043022	200DB	7.00	19C	7,652.			7,652.			1,093.
116	FURNITURE	092222	200DB	7.00	19C	2,368.			2,368.			339.
	* OTHER TOTAL -					73,279.		36,730.	36,549.	12,266.		5,355.

### Case 24-11395 Doc 1 Filed 06/19/24 Page 91 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
4	LENOVO LAPTOP	042114	200DB	5.00	17	1,462.		731.	731.	731.		0.
5	LAPTOP	091814	200DB	5.00	17	2,923.		1,462.	1,461.	1,461.		0.
6	APPLE LAPTOP	101914	200DB	5.00	17	3,078.		1,539.	1,539.	1,539.		0.
15	COMPUTER EQUIPMENT	070117	200DB	5.00	17	14,003.		7,001.	7,002.	6,599.		403.
16	COMPUTER EQUIPMENT	012518	200DB	5.00	17	1,948.		1,948.				0.
17	COMPUTER EQUIPMENT	020618	200DB	5.00	17	2,317.		2,317.				0.
18	COMPUTER EQUIPMENT	030818	200DB	5.00	17	1,728.		1,728.				0.
19	COMPUTER EQUIPMENT	060518	200DB	5.00	17	1,142.		1,142.				0.
20	COMPUTER EQUIPMENT	062218	200DB	5.00	17	1,976.		1,976.				0.
21	COMPUTER EQUIPMENT	122818	200DB	5.00	17	3,771.		3,771.				0.
22	COMPUTER EQUIPMENT	102518	200DB	5.00	17	6,834.		6,834.				0.
27	COMPUTER EQUIPMENT	013019	200DB	5.00	17	2,410.		2,410.				0.
28	COMPUTER EQUIPMENT	020319	200DB	5.00	17	4,275.		4,275.				0.
29	COMPUTER EQUIPMENT	022619	200DB	5.00	17	1,649.		1,649.				0.
30	COMPUTER EQUIPMENT	030519	200DB	5.00	17	4,173.		4,173.				0.
31	COMPUTER EQUIPMENT	052119	200DB	5.00	17	3,060.		3,060.				0.
32	COMPUTER EQUIPMENT	110219	200DB	5.00	17	2,431.		2,431.				0.
33	COMPUTER EQUIPMENT	110719	200DB	5.00	17	2,532.		2,532.				0.

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 92 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired M	lethod I	Life No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
34	COMPUTER EQUIPMENT	12101920	0DB5.	00 17	1,499.		1,499.				0.
35	COMPUTER EQUIPMENT	12101920	0DB5.	00 17	2,933.		2,933.				0.
36	COMPUTER EQUIPMENT	01231920	0DB5.	00 17	5,135.		5,135.				0.
37	COMPUTER EQUIPMENT	03271920	0DB5.	00 17	1,219.		1,219.				0.
38	COMPUTER EQUIPMENT	05241920	0085.	00 17	3,324.		3,324.				0.
39	COMPUTER EQUIPMENT	06051920	0085.	00 17	2,698.		2,698.				0.
40	COMPUTER EQUIPMENT	06131920	0DB5.	00 17	2,899.		2,899.				0.
41	COMPUTER EQUIPMENT	06291920	0DB5.	00 17	2,037.		2,037.				0.
43	COMPUTER EQUIPMENT	07292020	0DB5.	00 17	2,032.		2,032.				0.
44	COMPUTER EQUIPMENT	08062020	0DB5.	00 17	2,220.		2,220.				0.
45	COMPUTER EQUIPMENT	10172020	0DB5.	00 17	2,099.		2,099.				0.
46	COMPUTER EQUIPMENT	10172020	0085.	00 17	2,099.		2,099.				0.
47	COMPUTER EQUIPMENT	01192120	0085.	00 17	1,657.			1,657.	580.		431.
48	COMPUTER EQUIPMENT	01192120	0085.	00 17	1,619.			1,619.	567.		421.
49	COMPUTER EQUIPMENT	03222120	0085.	00 17	1,825.			1,825.	639.		474.
50	COMPUTER EQUIPMENT	05302120	0DB5.	00 17	1,657.			1,657.	414.		497.
51	COMPUTER EQUIPMENT	08042120	0DB5.	00 17	2,534.			2,534.	380.		862.
52	COMPUTER EQUIPMENT	08112120	0DB5.	00 17	1,197.			1,197.	180.		407.

228102 04-01-22

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 93 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired M	lethod Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
53	COMPUTER EQUIPMENT	09292120	00085.00	17	1,581.			1,581.	237.		538.
54	COMPUTER EQUIPMENT	10092120	00DB5.00	17	2,981.			2,981.	149.		1,133.
55	COMPUTER EQUIPMENT	10192120	00085.00	17	1,750.			1,750.	88.		665.
56	COMPUTER EQUIPMENT	10202120	00085.00	17	2,672.			2,672.	134.		1,015.
57	COMPUTER EQUIPMENT	10202120	00085.00	17	546.			546.	27.		208.
58	COMPUTER EQUIPMENT	10292120	00085.00	17	1,760.			1,760.	88.		669.
59	COMPUTER EQUIPMENT	11012120	00085.00	17	1,480.			1,480.	74.		562.
60	COMPUTER EQUIPMENT	11012120	00085.00	17	1,587.			1,587.	79.		603.
61	COMPUTER EQUIPMENT	11152120	00085.00	17	2,454.			2,454.	123.		932.
62	COMPUTER EQUIPMENT	12212120	00085.00	17	6,038.			6,038.	302.		2,294.
64	COMPUTER EQUIPMENT	01042220	00085.00	19в	4,854.			4,854.			971.
65	COMPUTER EQUIPMENT	01052220	00085.00	19в	1,500.			1,500.			300.
66	COMPUTER EQUIPMENT	01052220	00085.00	19в	280.			280.			56.
67	COMPUTER EQUIPMENT	02082220	00085.00	19в	2,114.			2,114.			423.
68	COMPUTER EQUIPMENT	02082220	00085.00	19в	1,450.			1,450.			290.
69	COMPUTER EQUIPMENT	02102220	00085.00	19в	2,449.			2,449.			490.
70	COMPUTER EQUIPMENT	02162220	00085.00	19в	2,430.			2,430.			486.
71	COMPUTER EQUIPMENT	02232220	00085.00	19в	1,556.			1,556.			311.

### Case 24-11395 Doc 1 Filed 06/19/24 Page 94 of 316

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
72	COMPUTER EQUIPMENT	0223222	00DB5	.00 1	.9в	4,045.			4,045.			809.
73	COMPUTER EQUIPMENT	0224222	00DB5	.00 1	.9в	1,079.			1,079.			216.
74	COMPUTER EQUIPMENT	0225222	00DB5	.00 1	.9в	1,156.			1,156.			231.
75	COMPUTER EQUIPMENT	0226222	00DB5	.00 1	.9в	2,428.			2,428.			486.
76	COMPUTER EQUIPMENT	0227222	00DB5	.00 1	9в	529.			529.			106.
77	COMPUTER EQUIPMENT	0227222	00DB5	.00 1	.9в	849.			849.			170.
78	COMPUTER EQUIPMENT	0227222	00DB5	.00 1	.9в	911.			911.			182.
79	COMPUTER EQUIPMENT	0228222	00DB5	.00 1	.9в	884.			884.			177.
80	COMPUTER EQUIPMENT	0301222	00DB5	.00 1	9в	1,232.			1,232.			247.
81	COMPUTER EQUIPMENT	0322222	00DB5	.00 1	.9в	2,299.			2,299.			460.
82	COMPUTER EQUIPMENT	0322222	00DB5	.00 1	9в	2,337.			2,337.			468.
83	COMPUTER EQUIPMENT	0329222	00DB5	.00 1	.9в	9,261.			9,261.			1,852.
84	COMPUTER EQUIPMENT	0330222	00DB5	.00 1	.9в	2,833.			2,833.			567.
85	COMPUTER EQUIPMENT	0406222	00DB5	.00 1	.9в	1,018.			1,018.			204.
86	COMPUTER EQUIPMENT	0407222	00DB5	.00 1	.9в	1,579.			1,579.			316.
87	COMPUTER EQUIPMENT	0407222	00DB5	.00 1	.9в	879.			879.			176.
88	COMPUTER EQUIPMENT	0407222	00DB5	.00 1	9в	1,940.			1,940.			388.
89	COMPUTER EQUIPMENT	0408222	00DB5	.00 1	.9в	550.			550.			110.

# Case 24-11395 Doc 1 Filed 06/19/24 Page 95 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
90	COMPUTER EQUIPMENT	040822	200DB	5.00	19в	2,450.			2,450.			490.
91	COMPUTER EQUIPMENT	041422	200DB	5.00	19в	1,568.			1,568.			314.
92	COMPUTER EQUIPMENT	041522	200DB	5.00	19в	1,479.			1,479.			296.
93	COMPUTER EQUIPMENT	041522	200DB	5.00	19в	1,689.			1,689.			338.
94	COMPUTER EQUIPMENT	042822	200DB	5.00	19в	2,412.			2,412.			483.
95	COMPUTER EQUIPMENT	042822	200DB	5.00	19в	2,310.			2,310.			462.
96	COMPUTER EQUIPMENT	042822	200DB	5.00	19в	1,280.			1,280.			256.
97	COMPUTER EQUIPMENT	042922	200DB	5.00	19в	2,906.			2,906.			581.
98	COMPUTER EQUIPMENT	050522	200DB	5.00	19в	520.			520.			104.
99	COMPUTER EQUIPMENT	051422	200DB	5.00	19в	1,265.			1,265.			253.
100	COMPUTER EQUIPMENT	051822	200DB	5.00	19в	1,199.			1,199.			240.
101	COMPUTER EQUIPMENT	051822	200DB	5.00	19в	2,486.			2,486.			497.
102	COMPUTER EQUIPMENT	051822	200DB	5.00	19в	2,486.			2,486.			497.
103	COMPUTER EQUIPMENT	052722	200DB	5.00	19в	1,270.			1,270.			254.
104	COMPUTER EQUIPMENT	062122	200DB	5.00	19в	2,299.			2,299.			460.
105	COMPUTER EQUIPMENT	071922	200DB	5.00	19в	913.			913.			183.
106	COMPUTER EQUIPMENT	081522	200DB	5.00	19в	1,890.			1,890.			378.
107	COMPUTER EQUIPMENT	091622	200DB	5.00	19в	1,880.			1,880.			376.

# Case 24-11395 Doc 1 Filed 06/19/24 Page 96 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
108	COMPUTER EQUIPMENT	091722	200DB	5.00	19в	900.			900.			180.
109	COMPUTER EQUIPMENT	092222	200DB	5.00	19в	2,688.			2,688.			538.
110	COMPUTER EQUIPMENT	101922	200DB	5.00	19в	2,036.			2,036.			407.
111	COMPUTER EQUIPMENT	111322	200DB	5.00	19в	2,725.			2,725.			545.
112	COMPUTER EQUIPMENT	111822	200DB	5.00	19в	3,402.			3,402.			681.
113	COMPUTER EQUIPMENT	111922	200DB	5.00	19в	3,128.			3,128.			626.
	* OTHER TOTAL -					224,867.		81,173.	143,694.	14,391.		32,045.
	SECTION 174 CAPITALIZED ASSET -	070122		60.00		404,779.			404,779.			0.
	* OTHER TOTAL -					404,779.			404,779.			0.
	* GRAND TOTAL OTHER DEPRECIATION					773,022.		163,425.	609,597.	50,627.		37,803.
	TOTALS FOR NEW JERSEY					773,022.		163,425.	609,597.	50,627.		37,803.
1	EQUIPMENT	070111	200DB	7.00	17	20,946.		20,946.				0.
7	EQUIPMENT	070114	200DB	7.00	17	40,108.		20,054.	20,054.	20,054.		0.
8	EQUIPMENT	052016	200DB	7.00	17	1,981.		991.	990.	857.		89.
9	EQUIPMENT	052016	200DB	7.00	17	1,778.		889.	889.	770.		79.
10	EQUIPMENT	080316	200DB	7.00	17	614.		307.	307.	266.		27.
11	EQUIPMENT	091916	200DB	7.00	17	576.		288.	288.	250.		25.
12	EQUIPMENT	081216	200DB	7.00	17	4,094.		2,047.	2,047.	1,773.		183.

228102 04-01-22

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 97 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* OTHER TOTAL -					70,097.		45,522.	24,575.	23,970.		403.
2	FURNITURE	070112	200DB	7.00	17	1,028.		514.	514.	514.		0.
3	FURNITURE	070113	200DB	7.00	17	19,029.		9,515.	9,514.	9,514.		0.
13	FURNITURE	013016	200DB	7.00	17	681.		341.	340.	294.		31.
14	FURNITURE	031916	200DB	7.00	17	945.		472.	473.	409.		43.
23	FURNITURE	010918	200DB	7.00	17	9,119.		9,119.				0.
24	FURNITURE	021018	200DB	7.00	17	2,091.		2,091.				0.
25	FURNITURE	061118	200DB	7.00	17	3,252.		3,252.				0.
26	FURNITURE	083018	200DB	7.00	17	9,347.		9,347.				0.
42	FURNITURE	020619	200DB	7.00	17	2,079.		2,079.				0.
63	FURNITURE	083021	200DB	7.00	17	14,325.			14,325.	1,535.		3,654.
114	FURNITURE	032322	200DB	7.00	19C	1,363.			1,363.			195.
115	FURNITURE	043022	200DB	7.00	19C	7,652.			7,652.			1,093.
116	FURNITURE	092222	200DB	7.00	19C	2,368.			2,368.			339.
	* OTHER TOTAL -					73,279.		36,730.	36,549.	12,266.		5,355.
4	LENOVO LAPTOP	042114	200DB	5.00	17	1,462.		731.	731.	731.		0.
5	LAPTOP	091814	200DB	5.00	17	2,923.		1,462.	1,461.	1,461.		0.
6	APPLE LAPTOP	101914	200DB	5.00	17	3,078.		1,539.	1,539.	1,539.		0.

228102 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 98 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
15	COMPUTER EQUIPMENT	070117	200DB	5.00	17	14,003.		7,001.	7,002.	6,599.		403.
16	COMPUTER EQUIPMENT	012518	200DB	5.00	17	1,948.		1,948.				0.
17	COMPUTER EQUIPMENT	020618	200DB	5.00	17	2,317.		2,317.				0.
18	COMPUTER EQUIPMENT	030818	200DB	5.00	17	1,728.		1,728.				0.
19	COMPUTER EQUIPMENT	060518	200DB	5.00	17	1,142.		1,142.				0.
20	COMPUTER EQUIPMENT	062218	200DB	5.00	17	1,976.		1,976.				0.
21	COMPUTER EQUIPMENT	122818	200DB	5.00	17	3,771.		3,771.				0.
22	COMPUTER EQUIPMENT	102518	200DB	5.00	17	6,834.		6,834.				0.
27	COMPUTER EQUIPMENT	013019	200DB	5.00	17	2,410.		2,410.				0.
28	COMPUTER EQUIPMENT	020319	200DB	5.00	17	4,275.		4,275.				0.
29	COMPUTER EQUIPMENT	022619	200DB	5.00	17	1,649.		1,649.				0.
30	COMPUTER EQUIPMENT	030519	200DB	5.00	17	4,173.		4,173.				0.
31	COMPUTER EQUIPMENT	052119	200DB	5.00	17	3,060.		3,060.				0.
32	COMPUTER EQUIPMENT	110219	200DB	5.00	17	2,431.		2,431.				0.
33	COMPUTER EQUIPMENT	110719	200DB	5.00	17	2,532.		2,532.				0.
34	COMPUTER EQUIPMENT	121019	200DB	5.00	17	1,499.		1,499.				0.
35	COMPUTER EQUIPMENT	121019	200DB	5.00	17	2,933.		2,933.				0.
36	COMPUTER EQUIPMENT	012319	200DB	5.00	17	5,135.		5,135.				0.

228102 04-01-22

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 99 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	COMPUTER EQUIPMENT	0327192	200DB	5.00	17	1,219.		1,219.				0.
38	COMPUTER EQUIPMENT	0524192	200DB	5.00	17	3,324.		3,324.				0.
39	COMPUTER EQUIPMENT	0605192	200DB	5.00	17	2,698.		2,698.				0.
40	COMPUTER EQUIPMENT	0613192	200DB	5.00	17	2,899.		2,899.				0.
41	COMPUTER EQUIPMENT	0629192	200DB	5.00	17	2,037.		2,037.				0.
43	COMPUTER EQUIPMENT	0729202	200DB	5.00	17	2,032.		2,032.				0.
44	COMPUTER EQUIPMENT	0806202	200DB	5.00	17	2,220.		2,220.				0.
45	COMPUTER EQUIPMENT	1017202	200DB	5.00	17	2,099.		2,099.				0.
46	COMPUTER EQUIPMENT	1017202	200DB	5.00	17	2,099.		2,099.				0.
47	COMPUTER EQUIPMENT	0119212	200DB	5.00	17	1,657.			1,657.	580.		431.
48	COMPUTER EQUIPMENT	0119212	200DB	5.00	17	1,619.			1,619.	567.		421.
49	COMPUTER EQUIPMENT	032221	200DB	5.00	17	1,825.			1,825.	639.		474.
50	COMPUTER EQUIPMENT	0530212	200DB	5.00	17	1,657.			1,657.	414.		497.
51	COMPUTER EQUIPMENT	0804212	200DB	5.00	17	2,534.			2,534.	380.		862.
52	COMPUTER EQUIPMENT	0811212	200DB	5.00	17	1,197.			1,197.	180.		407.
53	COMPUTER EQUIPMENT	0929212	200DB	5.00	17	1,581.			1,581.	237.		538.
54	COMPUTER EQUIPMENT	1009212	200DB	5.00	17	2,981.			2,981.	149.		1,133.
55	COMPUTER EQUIPMENT	1019212	200DB	5.00	17	1,750.			1,750.	88.		665.

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 100 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired Metl	od Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
56	COMPUTER EQUIPMENT	102021200	ов5.00	17	2,672.			2,672.	134.		1,015.
57	COMPUTER EQUIPMENT	102021200	ов5.00	17	546.			546.	27.		208.
58	COMPUTER EQUIPMENT	102921200	ов5.00	17	1,760.			1,760.	88.		669.
59	COMPUTER EQUIPMENT	110121200	ов5.00	17	1,480.			1,480.	74.		562.
60	COMPUTER EQUIPMENT	110121200	ов5.00	17	1,587.			1,587.	79.		603.
61	COMPUTER EQUIPMENT	111521200	ов5.00	17	2,454.			2,454.	123.		932.
62	COMPUTER EQUIPMENT	122121200	ов5.00	17	6,038.			6,038.	302.		2,294.
64	COMPUTER EQUIPMENT	010422200	ов5.00	19в	4,854.			4,854.			971.
65	COMPUTER EQUIPMENT	010522200	ов5.00	19в	1,500.			1,500.			300.
66	COMPUTER EQUIPMENT	010522200	ов5.00	19в	280.			280.			56.
67	COMPUTER EQUIPMENT	020822200	ов5.00	19в	2,114.			2,114.			423.
68	COMPUTER EQUIPMENT	020822200	ов5.00	19в	1,450.			1,450.			290.
69	COMPUTER EQUIPMENT	021022200	ов5.00	19в	2,449.			2,449.			490.
70	COMPUTER EQUIPMENT	021622200	ов5.00	19в	2,430.			2,430.			486.
71	COMPUTER EQUIPMENT	022322200	ов5.00	19в	1,556.			1,556.			311.
72	COMPUTER EQUIPMENT	022322200	ов5.00	19в	4,045.			4,045.			809.
73	COMPUTER EQUIPMENT	022422200	ов5.00	19в	1,079.			1,079.			216.
74	COMPUTER EQUIPMENT	022522200	ов5.00	19в	1,156.			1,156.			231.

228102 04-01-22

(D) - Asset disposed

### Case 24-11395 Doc 1 Filed 06/19/24 Page 101 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
75	COMPUTER EQUIPMENT	0226222000	в5.00	19в	2,428.			2,428.			486.
76	COMPUTER EQUIPMENT	0227222000	в5.00	19в	529.			529.			106.
77	COMPUTER EQUIPMENT	0227222000	в5.00	19в	849.			849.			170.
78	COMPUTER EQUIPMENT	0227222000	в5.00	19в	911.			911.			182.
79	COMPUTER EQUIPMENT	0228222000	в5.00	19в	884.			884.			177.
80	COMPUTER EQUIPMENT	0301222000	в5.00	19в	1,232.			1,232.			247.
81	COMPUTER EQUIPMENT	0322222000	в5.00	19в	2,299.			2,299.			460.
82	COMPUTER EQUIPMENT	0322222000	в5.00	19в	2,337.			2,337.			468.
83	COMPUTER EQUIPMENT	0329222000	в5.00	19в	9,261.			9,261.			1,852.
84	COMPUTER EQUIPMENT	0330222000	в5.00	19в	2,833.			2,833.			567.
85	COMPUTER EQUIPMENT	040622200D	в5.00	19в	1,018.			1,018.			204.
86	COMPUTER EQUIPMENT	0407222000	в5.00	19в	1,579.			1,579.			316.
87	COMPUTER EQUIPMENT	0407222000	в5.00	19в	879.			879.			176.
88	COMPUTER EQUIPMENT	0407222000	в5.00	19в	1,940.			1,940.			388.
89	COMPUTER EQUIPMENT	0408222000	в5.00	19в	550.			550.			110.
90	COMPUTER EQUIPMENT	0408222000	в5.00	19в	2,450.			2,450.			490.
91	COMPUTER EQUIPMENT	0414222000	в5.00	19в	1,568.			1,568.			314.
92	COMPUTER EQUIPMENT	0415222000	в5.00	19в	1,479.			1,479.			296.

# Case 24-11395 Doc 1 Filed 06/19/24 Page 102 of 316

### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Date Acquired Metl	od Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
93	COMPUTER EQUIPMENT	041522200	DB5.00	19B	1,689.			1,689.			338.
94	COMPUTER EQUIPMENT	042822200	DB5.00	19в	2,412.			2,412.			483.
95	COMPUTER EQUIPMENT	042822200	DB5.00	19в	2,310.			2,310.			462.
96	COMPUTER EQUIPMENT	042822200	DB5.00	19в	1,280.			1,280.			256.
97	COMPUTER EQUIPMENT	042922200	DB5.00	19в	2,906.			2,906.			581.
98	COMPUTER EQUIPMENT	050522200	DB5.00	19в	520.			520.			104.
99	COMPUTER EQUIPMENT	051422200	DB5.00	19в	1,265.			1,265.			253.
100	COMPUTER EQUIPMENT	051822200	DB5.00	19в	1,199.			1,199.			240.
101	COMPUTER EQUIPMENT	051822200	DB5.00	19в	2,486.			2,486.			497.
102	COMPUTER EQUIPMENT	051822200	DB5.00	19в	2,486.			2,486.			497.
103	COMPUTER EQUIPMENT	052722200	DB5.00	19в	1,270.			1,270.			254.
104	COMPUTER EQUIPMENT	062122200	DB5.00	19в	2,299.			2,299.			460.
105	COMPUTER EQUIPMENT	071922200	DB5.00	19в	913.			913.			183.
106	COMPUTER EQUIPMENT	081522200	DB5.00	19в	1,890.			1,890.			378.
107	COMPUTER EQUIPMENT	091622200	DB5.00	19в	1,880.			1,880.			376.
108	COMPUTER EQUIPMENT	091722200	DB5.00	19в	900.			900.			180.
109	COMPUTER EQUIPMENT	092222200	DB5.00	19в	2,688.			2,688.			538.
110	COMPUTER EQUIPMENT	101922200	DB5.00	19в	2,036.			2,036.			407.

228102 04-01-22

(D) - Asset disposed

# Case 24-11395 Doc 1 Filed 06/19/24 Page 103 of 316

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR STATE -

QLESS, INC.

Asset No.	Description	Dat Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
111	COMPUTER EQUIPMENT	1113	322	200DB	5.00	19в	2,725.			2,725.			545.
112	COMPUTER EQUIPMENT	1118	322	200DB	5.00	19в	3,402.			3,402.			681.
113	COMPUTER EQUIPMENT	1119	22	200DB	5.00	19в	3,128.			3,128.			626.
	* OTHER TOTAL - SECTION 174						224,867.		81,173.	143,694.	14,391.		32,045.
117	CAPITALIZED ASSET - SECTION 174	0701	22		60.00		404,779.			404,779.			0.
	CAPITALIZED ASSET -	0701	22		180M		1936191.			1936191.			0.
	* OTHER TOTAL - * GRAND TOTAL OTHER						2340970.			2340970.			0.
	DEPRECIATION						2709213.		163,425.	2545788.	50,627.		37,803.
	TOTALS FOR TEXAS						2709213.		163,425.	2545788.	50,627.		37,803.

228102 04-01-22

# Case 24-11395 Doc 1 Filed 06/19/24 Page 104 of 316

#### 2022 AMORTIZATION REPORT

- CURRENT YEAR STATE - QLESS, INC.

Asset No.	Description	Ac	Date quire	ed	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Amortization	Beginning Accumulated Amortization	Current Year Deduction	Ending Accumulated Amortization
118	SECTION 174 CAPITALIZED ASSET - FOREIGN	07	01	22	180M	42	1,936,191.			1,936,191.		64,540.	64,540.
	* OTHER TOTAL -						1,936,191.			1,936,191.		64,540.	64,540.
	* GRAND TOTAL OTHER DEPR AND AMORT						1,936,191.			1,936,191.		64,540.	64,540.
	TOTALS FOR NEW JERSEY						1,936,191.			1,936,191.		64,540.	64,540.

228127 04-01-22

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction

# STATE DEPRECIATION ADJUSTMENT

ASSET NUMBER	DESCRIPTION	FEDERAL DEPRECIATION	STATE DEPRECIATION	ADJUSTMENT
1	EQUIPMENT	0.	0.	0.
	FURNITURE	0.	0.	0.
	FURNITURE	0.	0.	0.
-	LENOVO LAPTOP	0.	0.	0.
	LAPTOP	0.	0.	0.
-	APPLE LAPTOP	0.	0.	0.
	EQUIPMENT	0.	0.	0.
	EQUIPMENT	89.	749.	-660.
	EQUIPMENT	79.	672.	-593.
-	EQUIPMENT	27.	232.	-205.
	EQUIPMENT	27.	232.	-192.
	EQUIPMENT	183.	1,547.	-1,364.
	FURNITURE	31.	258.	-1,304.
	FURNITURE	43.	357.	-314.
	COMPUTER EQUIPMENT COMPUTER EQUIPMENT	403.	7,404. 1,299.	-7,001. -1,299.
	COMPUTER EQUIPMENT	0.	1,545.	-1,545.
	COMPUTER EQUIPMENT	0.	1,152. 761.	-1,152. -761.
	COMPUTER EQUIPMENT	0.	1,317.	
	COMPUTER EQUIPMENT			-1,317.
	COMPUTER EQUIPMENT	0.	2,514.	-2,514.
	COMPUTER EQUIPMENT	0.	4,556.	-4,556.
	FURNITURE	0.	2,605.	-2,605.
	FURNITURE	0.	597.	-597.
	FURNITURE	0.	929.	-929.
	FURNITURE	0.	2,671.	-2,671.
	COMPUTER EQUIPMENT	0.	964.	-964.
	COMPUTER EQUIPMENT	0.	1,710. 660.	-1,710.
	COMPUTER EQUIPMENT	0.		-660.
	COMPUTER EQUIPMENT		1,669.	-1,669.
	COMPUTER EQUIPMENT	0.	1,224.	-1,224.
	COMPUTER EQUIPMENT		972.	-972.
33	COMPUTER EQUIPMENT	0.	1,013.	-1,013.
	COMPUTER EQUIPMENT	0.	600.	-600.
	COMPUTER EQUIPMENT	0.	1,173.	-1,173.
	COMPUTER EQUIPMENT	0.	2,054.	-2,054.
	COMPUTER EQUIPMENT	0.	488.	-488.
	COMPUTER EQUIPMENT	0.	1,330.	-1,330.
	COMPUTER EQUIPMENT	0.	1,079.	-1,079.
	COMPUTER EQUIPMENT	0.	1,160.	-1,160.
	COMPUTER EQUIPMENT	0.	815.	-815.
	FURNITURE	0.	594.	-594.
	COMPUTER EQUIPMENT	0.	813.	-813.
	COMPUTER EQUIPMENT	0.	888.	-888.
	COMPUTER EQUIPMENT	0.	840.	-840.
46	COMPUTER EQUIPMENT	0.	840.	-840.
	TOTAL DIFFERENCES	880.	52,268.	-51,388.

Electronic Filing PDF Attachment

QLESS, INC. EIN: 27-1155885 FYE: 12/31/22

### **NET OPERATING LOSS ADJUSTMENT**

TAX YEAR-END	NET OPERATING LOSS PER TAX RETURN	ADJUSTMENT	ADJUSTED NET OPERATING LOSS CARRYFORWARD
12/31/2012	688,292		688,292
12/31/2013	264,877		264,877
12/31/2014	976,579		976,579
12/31/2015	2,232,584		2,232,584
12/31/2016	3,127,559		3,127,559
12/31/2017	4,242,602		4,242,602
12/31/2018	4,821,967		4,821,967
12/31/2019	4,692,494		4,692,494
12/31/2020	2,015,999	(184,199)	1,831,800
12/31/2021	5,664,815	(189,072)	5,475,743
Total	28,727,768	(373,272)	28,354,496

THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.

	ADJUSTMENT	ADJUSTMENT
	το βοοκ	TO TAXABLE
LIST OF ADJUSTMENTS	INCOME	INCOME
12/31/20 FINANCIAL		
STATEMENT REVIEW GAAP		
ADJUSTMENT	(184,199)	(184,199)
12/31/21 FINANCIAL		
STATEMENT REVIEW GAAP		
ADJUSTMENT	(189,072)	(189,072)
TOTAL ADJUSTMENT	(373,272)	(373,272)

### STATEMENT IN LIEU OF FORM 3115, APPLICATION FOR CHANGE IN ACCOUNTING METHOD FOR IRC SECTION 174 SPECIFIED RESEARCH OR EXPERIMENTAL EXPENDITURES Revenue Procedure 2023-11, Section 3.02(4)(a)(ii)

NAME OF APPLICANT	EIN					
Qless, INC.	27-1155885					
TAXABLE YEAR OF CHANGE, BEGINNING DATE	TAXABLE YEAR OF CHANGE, ENDIN	NG DATE				
01/01/2022	12/31/2022					
DCN						
265						
Description of types of specified research or experimenta	al expenditures paid or incurred					
by the applicant during the year of change:		Amounts				
Domestic Salaries & Wages		\$330,913				
Domestic Contract Research		\$73,866				

Total Specified Research or Experimental Expenditures Paid or Incurred During the Year of Change:	\$2,340,970
Foreign Other Indirect Costs	\$178,968
Foreign Contract Research	\$1,757,223
Domestic Contract Research	\$73,866

**Revenue Procedure 2023-11, Section 3.02(4)(a)(ii)(F) Declaration**: The Applicant is changing its method of accounting for specified research or experimental expenditures to capitalize such expenditures to a specified research or experimental capital account, and amortize such amount over either a 5-year period for domestic research or 15-year period for foreign research (as applicable) beginning with the mid-point of the taxable year in which such expenditures are paid or incurred in accordance with the method permitted under § 174 for the year of change. This change is being made on a "cut-off" basis.

Case 24-11395 Doc 1 Filed 06/19/24 Page 109 of 316

### TAX RETURN FILING INSTRUCTIONS

ARIZONA FORM 120

#### FOR THE YEAR ENDING

DECEMBER 31, 2022

#### PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

#### PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

#### TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

#### AMOUNT OF TAX:

TOTAL TAX	\$ 50
LESS: PAYMENTS AND CREDITS	\$ 100
PLUS: OTHER AMOUNT	\$ 0
PLUS: INTEREST AND PENALTIES	\$ 0
OVERPAYMENT	\$ 50

#### **OVERPAYMENT:**

CREDIT TO ESTIMATED TAX	\$ 50
OTHER AMOUNT	\$ 0
REFUNDED TO YOU	\$ 0

#### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN AZ-8879-C TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE ADOR. DO NOT MAIL A COPY OF THE RETURN.

#### **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN AZ-8879-C TO US BY NOVEMBER 15, 2023.

#### SPECIAL INSTRUCTIONS:

Arizona Form AZ-8879-C E-file Signature A	Authorization - Corporation2022
Do not mail this form to the Arizona Department of Revenue	• The ERO must retain this document a minimum of four years.
Name of Corporation QLESS, INC.	Employer Identification Number (required)
Name and Title of Officer	
NICK THOMAS, SENIOR DIRECTOR	
PART 1 - PURPOSE	
• To certify the truthfulness, correctness, and completeness of the corpor	
<ul> <li>To authorize the Electronic Return Originator (ERO) to affirm that the co corporation's federal income tax return as the corporation's signature to</li> </ul>	
PART 2 - TAX RETURN INFORMATION FROM ARIZONA RETURN	PART 3 - FINANCIAL INSTITUTION INFORMATION
	Must be present when requesting direct debit.
1 Federal taxable income	TYPE OF ACCOUNT
from Forms 120 and 120A, line 1 -4989314. 00	Checking Savings
2 Arizona taxable income	ACCOUNT NUMBER ROUTING NUMBER
from Form 120, line 15; or Form 120A, line 7 $\dots$ $-41$ , $077$ .	
Check box 3 o <u>r b</u> ox 4:	DIRECT DEBIT PAYMENT
3 <b>REFUND:</b> Enter the amount to be refunded	OO DIRECT DEBIT REQUEST DATE AMOUNT
from Form 120, line 33; or Form 120A, line 25	\$00
4 AMOUNT OWED: Enter the total due from Form 120, line 30; or Form 120A, line 22	<b>Foreign Account:</b> See instructions below.
<ul> <li>Box 3 Checkbox - Refund: The corporation is due a refund based on the information provided on its income tax return. If the corporation is due a refund, we will send a check.</li> <li>Box 4 Checkbox - Amount Owed: The corporation owes taxes based on the information provided on its income tax return. The corporation has elected to direct debit for payment. The payment will be withdrawn from the account on the date listed in the Financial Institution Information Section (Part 3).</li> <li>PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign of Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electron Arizona income tax return and accompanying schedules and statements for the 2022 tax year, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of federal taxable income, Arizona taxable income, Refund, and Amount Owed listed above are the amounts shown on the copy of the corporation's electronic Arizona income tax return.</li> <li>If I have filed a balance due return, I understand that if the Arizona Department of Revenue (ADOR) does not receive full and timely payment of the tax liability by the original due date of the income tax return, the corporation will remain liable for the tax liability and all applicable interest</li> </ul>	Phoenix, AZ 85038-9085. only after completing Part 2) income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending the corporation's ERO,OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of the return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of the return or refund is delayed, I authorize ADOR to disclose to the corporation's ERO, OLSP and/or transmitter the reason(s) for the delay. If ADOR contacts the corporation's ERO for a copy of the return, any documents or schedules to the return, and/or this authorization form, I authorize the corporation's ERO to release copies of the
and penalties. When electronically filing the corporation's federal and	
state tax returns, I understand that if there is an error on the federal	I authorize COHNREZNICK LLP
return, the state return will also be rejected. I authorize the ADOR and its designated Financial Agent to initiate an	(ELECTRONIC RETURN ORIGINATOR) to make the election that I want the officer's electronic signature to the
ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's Arizona income taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I consent to the corporation's Electronic Return Originator (ERO) or On-	serve as the officer's electronic signature to the corporation's Arizona corporate income tax return, I will have signed the corporation's
Line Service Provider (OLSP) sending an electronic Arizona corporate	Arizona corporate income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.
SIGNATURE of OFFICER	DATE

ADOR 11358 (22)	237621	10-21-22
ABOIT TIOUD (LL)	LOIOLI	10 21 22

Case 24-11395 Doc 1 Filed 06/19/24 Page 111 of 316

Arizona Form <b>120/165EXT</b> Application for Automatic Extension Corporation, Partnership, and Exe	ension of Time to File 2022 mpt Organization Returns
<b>S Corporations and Partnerships:</b> Use Form 204 to request an extension of time to file a composite nonresident individual shareholders or nonresident individual partners.	return on Form 140NR for
For the X calendar year 2022 or fiscal year beginning	and ending
Name QLESS, INC.	Employer Identification Number (EIN) 27-1155885
Address - number and street or PO Box 21 MILLER ALLEY, SUITE 210	Business Telephone Number (with area code) 415 - 309 - 2787
City, Town or Post OfficeStateZIP CodePASADENACA91105	REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88
A Check if this is the first tax return filed under this name and EIN.	
<ul> <li>B Check if name and/or address has changed.</li> <li>C Check if Fib be address has changed.</li> </ul>	
C Check if EIN has changed. Enter prior EIN: Check type of return to be filed:	81 PM 66 RCVD
X       120       120A       99T       99M       120S       165	
original due date of the return, unless the original due date falls on Saturday, Sunday, or a legal holiday. In that case, the application must be postmarked on or before the beyond the beyond the second s	a extension for a C corporation cannot be granted for more than nths beyond the original due date of the return. An Arizona extension nership or S Corporation cannot be granted for more than six months e original due date of the return. Arizona will accept a valid federal for the same period of time covered by the Arizona extension.
CHECK ONE BOX	Extension Date Taxable Year Ending
X       Form 120, Form 120A, Form 99T, or Form 99M:	11/15/2023 12/31/2022
This is a request for an automatic six-month extension until         A federal extension will be used to file this tax return. See instructions if this form is being user payment.	
EXTENSION PAYMENT COMPUTATION Forms 120, 120A, 120S, 99T, or 165 (for partnerships the	
<ol> <li>Tax liability for the taxable year: See instructions</li> <li>Less estimated tax payments</li> </ol>	1 100 00 2 50 00
<ul> <li>3 Balance of Tax: Subtract line 2 from line 1. Enter the difference</li> <li>4 Enter amount of extension payment made electronically. See instructions</li> </ul>	<b>3 5</b> 0 00 <b>4</b> 00
5 Enter amount of payment enclosed with this extension. See instructions	PAYMENT ENCLOSED  5 50 00
<ul> <li>Make check payable to Arizona Department of Revenue and include EIN on payment.</li> <li>Mail application and payment to: Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.</li> <li>Mail application without payment to: Arizona Department of Revenue, PO Box 29079, Phoenix, AZ 85038-9079.</li> </ul>	FILE
percent of the tax liability disclosed by the return has not been paid by the the origin original due date of the return. Taxpayers subject to the extension underpayment <b>Taxpayer</b>	(D). Interest accrues on any additional tax due from al due date of the return until paid. s that have a tax liability of \$500 or more for tax ? must make tax payments by electronic funds transfer.
<b>Declaration</b> Under penalties of perjury, I declare that I have examined this form, including accomptions best of my knowledge and belief, it is true, correct, and complete; and that I am authority of my knowledge and belief.	
Please SIGNATURE OF OFFICER OR AGENT	04/14/2023 <u>CEO</u> TITLE
Sign Here	415-309-2787 P00361390
PRINTED NAME	BUSINESS PHONE (with area code) AGENT'S TIN

ADOR 10340 (22) 237931 10-21-22

Case 24-11395 Doc	1 File	ed 06/19/24 Page 112 of 316	
Rev. December 2018) Department of the Treasury File a set	Fax, Infor	ension of Time To File Certain mation, and Other Returns ication for each return. istructions and the latest information.	OMB No. 1545-0233
Name			Identifying number
		DEOODE	
Print QLESS, INC.			27-1155885
Or Number, street, and room or suite no. (If P.O. box, see ins	structions.)		
Type 21 MILLER ALLEY, SUITE 21	0		
City, town, state, and ZIP code (If a foreign address, ente	r city, provinc	e or state, and country (follow the country's practice t	ior entering postal code).)
PASADENA, CA 91105			
Note: File request for extension by the due date of the return. S			
Part I Automatic Extension for Certain Busines	s Income	e Tax, Information, and Other Return	
1 Enter the form code for the return listed below that this appl	ication is for	r	12
Application	Form	Application	Form
Is For:	Code	Is For:	Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		
Part II All Filers Must Complete This Part			
2 If the organization is a foreign corporation that does not have	e an office o	or place of business in the United States,	
check here			
3 If the organization is a corporation and is the common paren	t of a group	that intends to file a consolidated return,	
check here			
If checked, attach a statement listing the name, address, and	d employer i	identification number (EIN) for each member	
covered by this application.			
4 If the organization is a corporation or partnership that qualified	es under Re	gulations section 1.6081-5, check here	
<b>5a</b> The application is for calendar year $2022$ , or tax year begin	nning	, and ending	
<b>b</b> Short tax year. If this tax year is less than 12 months, check	the reason	: Initial return Final return	
Change in accounting period Consolidated retu	ırn to be file	d Other (See instructions - attach expla	nation.)
6 Tentative total tax		6	s  0.
7 Total payments and credits. See instructions			0.
8 Balance due. Subtract line 7 from line 6. See instructions		а	. 0.
- Duration duct oubtract line / northline 0. Oce instructions		C	<u>,                                     </u>

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 7004 (Rev. 12-2018)

219741 04-01-22

Arizona Corporation Income Tax Return

Arizona Form
120

For the X calendar year 2022 or fiscal year beginning

and ending

2022

.

Business Telephone Number	Name			ver Identification Number (EIN)	
(with area code)	QLESS, INC.		27-	1155885	
<b>415-309-2787</b> Business Activity Code	Address - number and street or PO Box 21 MILLER ALLEY, SUITE 210				
(from federal Form 1120)	City, Town or Post Office		Stat	te ZIP Code	—
513210	PASADENA			¥ 91105	
	This is a first return <b>B</b> Name change <b>C</b> Address change			under FEDERAL extension:	_
A Is FEDERAL return filed on		No 82 82F			
If "Yes", list EIN of commo	n parent from consolidated return		NLY. D	0 NOT MARK IN THIS AREA	۱.
	ee instructions (check only one):	88			
1 X Separate com					
•	s consolidated, enter the last day of				
	re filed to make the election	-			
-	s combined or consolidated, see Form 51				
		No <u>81</u> PM		66 RCVD	
1 AIR CARRIER 2	or Multistate corporations only (check one box):				
	Service Provider Election and Computation (Arizona Schedule MSP) is include	ed Indicate the year of the	electio	n cycle.	—
	Yr 2 Yr 3 Yr 4 Yr 5	sa. maioato trio yoar or trio	5150110		
		No If "Yes", check one: 1		Dissolved 2 Withdra	awn
3 Merged/Reorgani					
H Marijuana Establishmen		3 Dual Lic. did no	ot <u>elect</u>		
-	ded federal return		1	-4,989,314 (	
2 Additions to taxable incor	ne from page 2, Schedule A, line A9		. 2	<b>37,803</b> 0	
	l lines 1 and 2. Enter the total			-4,951,511 0	_
	income from page 2, Schedule B, line B11			37,803 o	_
	t Line 4 from line 3. Enter the difference		. 5	-4,989,314 0	)0
	go to line 6. 100% Arizona corporations, check box 5a 🛄 Go to lin	e 13			
-	from line 5. Multistate corporations only			-4,989,314 0	
	able amounts from page 2, Schedule C, line C8. Multistate corporations only				00
	e: Subtract line 7 from line 6. Enter the difference. Multistate corporations onl		_	-4,989,314 <sub>C</sub>	<u> </u>
			_	- <b>41,077</b> 0	
	e apportioned to Arizona: Line 8 multiplied by line 9. Multistate corporations of	-			00
	Arizona from page 2, Schedule D, line D6. Multistate corporations only ble to Arizona: Add lines 10 and 11. Multistate corporations only			-41,077 0	_
	to Derating Loss (NOL) from line 5 if 100% Arizona, or line 12 if Multista			-41,077	<u> </u>
		TEMENT 1	. 10	0 0	00
-	Subtract line 14 from line 13		·	-41,077 0	_
16 Enter tax: Tax is 4.9 perc	ent of line 15 or fifty dollars (\$50), whichever is greater		16	<b>50</b> 0	_
	credits from Arizona Form 300, Part 2, line 24			0	00
	d 17. Enter the total			<b>50</b> 0	)0
19 Nonrefundable tax credits	claimed on line 20 from Arizona Form 300, Part 2, line 44		. 19	0	00
	ch nonrefundable credit used: 20 1 3 20 2 3 20 3 3			•	
•	19 from line 18. Enter the difference			<b>50</b> a	
22 Refundable tax credits: cr	· · · · · · · · · · · · · · · · · · ·				00
	with Form 120/165EXT or online: See instructions			<b>50</b> 0	
24 Estimated tax payments:			24c	50 0	
	22, 23, and 24c. Enter the total			100 0	
	21 is larger than line 25, subtract line 25 from line 21. Enter the difference. Sk			<b>50</b> 0	00
	e 25 is larger than line 21, subtract line 21 from line 25. Enter the difference				00
20 Fetimated tay undernavm	ent penalty. If Form 220/PTE is included, check this box	100	28		00
<b>30 TOTAL DUE:</b> See instructi					00
31 OVERPAYMENT: See inst			31	50 0	_
	pplied to 2023 estimated tax <b>32</b>		_		<u> </u>
	Subtract line 32 from line 31		33	l	00

Name (as shown on page 1)	EIN
QLESS, INC.	27-1155885

#### SCHEDULE A Additions to Taxable Income

A1	Total federal depreciation	A1	37,803	00
A2	Taxes based on income paid to any state (INCLUDING ARIZONA), local governments or foreign governments	A2	(	00
A3	Interest on obligations of other states, foreign countries, or political subdivisions	A3	(	00
A4	Special deductions claimed on federal return	A4	(	00
A5	Federal net operating loss deduction claimed on federal return	A5	(	00
A6	Additions related to Arizona tax credits: See instructions	A6	(	00
A7	Capital loss from exchange of legal tender	A7	(	00
A8	Other additions to federal taxable income: See instructions	A8	(	00
A9	Total: Add lines A1 through A8. Enter the total here and on page 1, line 2	A9	37,803	00
SCH	EDULE B Subtractions from Taxable Income			
B1	Recalculated Arizona depreciation: See instructions	B1	37,803	00
B2	Basis adjustment for property sold or otherwise disposed of during the taxable year: See instructions	B2	(	00
B3	Dividends received from 50% or more controlled domestic corporations	B3	(	00
B4	Foreign dividend gross-up	B4	(	00
B5	Dividends received from foreign corporations	B5	(	00
B6	Interest on U.S. obligations	B6	(	00
B7	Agricultural crops charitable contribution	B7	(	00
B8	Expenses related to certain federal tax credits: See instructions	B8	(	00
B9	Capital gain from exchange of legal tender	B9	(	00
B10	Other subtractions from federal taxable income: See instructions	B10	(	00
B11	Total: Add lines B1 through B10. Enter the total here and on page 1, line 4	B11	37,803	00

#### SCHEDULE C Nonapportionable Income and Expenses (Multistate Corporations Only)

C1	Nonbusiness dividends and interest income:					
	a Total nonbusiness dividends not deducted in Schedule B	C1a		00		
	b Interest from nonbusiness sources	C1b		00		
	c Total nonbusiness dividends and interest: Add lines C1a and C1b	<u></u>			C1c	00
C2	Net royalties from nonbusiness assets: Include schedule.					
	a Net royalties from nonbusiness real and tangible personal property	C2a		00		
	<b>b</b> Net royalties from nonbusiness patents and copyrights	C2b		00		
	c Total net royalties from nonbusiness assets: Add lines C2a and C2b					00
C3	Net income or (loss) from rental of nonbusiness assets: Include schedule				C3	00
C4	Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for production	of non	business			
	income: Include schedule				C4	00
C5	Other income or (loss): Include schedule				C5	00
C6	6 Subtotal: Add lines C1c, C2c, and C3 through C5			C6	00	
C7	Expenses attributable to income derived from a foreign corporation which is not itself subject	t to Ariz	ona			
	income tax: Include schedule				C7	00
C8	Total: Subtract line C7 from line C6. Enter the total here and on page 1, line 7				C8	00

### SCHEDULE D Other Income Allocated to Arizona (Multistate Corporations Only)

D1	Nonbusiness dividends and interest income:					
	a Total nonbusiness dividends	D1a		00		
	b Interest from nonbusiness sources	D1b		00		
	c Total nonbusiness dividends and interest: Add lines D1a and D1b				D1c	00
D2	Net royalties from nonbusiness assets: Include schedule.					
	a Net royalties from nonbusiness real and tangible personal property	D2a		00		
	b Net royalties from nonbusiness patents and copyrights	D2b		00		
	c Total net royalties from nonbusiness assets: Add lines D2a and D2b				D2c	00
D3	Net income or (loss) from rental of nonbusiness assets: Include schedule				D3	00
D4	Net capital gain or (loss) from sale or exchange of nonbusiness assets utilized for production or	F				
	nonbusiness income: Include schedule			D4	00	
D5	5 Other income or (loss) directly allocable to Arizona: Include schedule		D5	00		
D6	Total: Add lines D1c, D2c, and D3 through D5. Enter the total here and on page 1, line 11				D6	00

Name (as shown on page 1)	EIN
QLESS, INC.	27-1155885

#### SCHEDULE E Apportionment Formula (Multistate Corporations Only)

mu FA	<b>PORTANT:</b> Qualifying air carriers must use Arizona Schedule ACA. Qualifying tistate service providers must include Arizona Schedule MSP. If the "SALES CTOR ONLY" box on page 1, line E, is checked, complete only Section E3, es Factor, lines a through f. See instructions.	COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B	
E1	Property Factor - STANDARD APPORTIONMENT ONLY				
	Value of real and tangible personal property (by averaging the value of owned				
	property at the beginning and end of the tax period; rented property at				
	capitalized value).				
a	Owned Property (at original cost):				
	1 Inventories				
	2 Depreciable assets (do not include construction in progress)	0	211,870		
	3 Land				
	4 Other assets (describe):				
	5 Less: Nonbusiness property (if included in above totals)				
	6 Total of section a (the sum of lines 1 through 4 less line 5)		211,870		
	Rented property (capitalize at 8 times net rent paid)	0	1,417,600		
C	Total owned and rented property (Total of section a plus section b)	0	1,629,470	.000000	
E2	Payroll Factor - STANDARD APPORTIONMENT ONLY				
	Total wages, salaries, commissions and other compensation to employees				
	(per federal Form 1120, or payroll reports)	21,158	5,161,865	.004099	
E3	Sales Factor				
а	Sales delivered or shipped to Arizona purchasers	0			
b	Sales from services or from designated intangibles for qualifying				
	multistate service providers only (see instructions; include Schedule MSP)				
	Other gross receipts	122,591			
d	Total sales and other gross receipts (The sum of lines a through c)	122,591	8,503,223		
е	Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1)	x 2 OR x 1			
f	Sales Factor Only (for Column A, multiply line d by line e; for				
	Column B, enter the amount from line d; for Column C, divide				
	Column A by Column B.) Skip line E4 and line E5				
	STANDARD Apportionment, continue to E4.				
	SALES FACTOR ONLY Apportionment, enter the amount from				
	Column C on page 1, line 9	245,182		.028834	
	STANDARD Apportionment Total Ratio: Add Column C of lines E1c, E2, and E3f. E			.032933	
E5	Average Apportionment Ratio for STANDARD Apportionment: Divide line E4, Colu			.008233	
	on page 1, line 9. (If one of the factors is "0" in both Column A and Column B, see instructions.)				

#### SCHEDULE F Schedule of Tax Payments (Include additional sheets if more space is needed.)

	(a) Name of Corporation	(b) EIN	(c) Payment Date	(d) Estimated Payment		(e) Extension Payment	
F1	QLESS, INC	27-1155885	04/18/23		00	50	00
F2	QLESS, INC	27-1155885	01/01/23	50			00
F3					00		00
F4					00		00
F5					00		00
F6					00		00
F7	Total Tax Payments	50	00	50	00		

### Case 24-11395 Doc 1 Filed 06/19/24 Page 116 of 316

	•	wn on page 1) INC •		EIN 27-1155885
		E G Other Information		
G1	Date bus	iness began in Arizona or date income was first derived from Arizona sources: 07,	/02/2009	
G2		at which tax records are located for audit purposes:		
		and Street: 21 MILLER ALLEY, SUITE 210 SADENA State: CA	ZIP Code: 91105	
		State: CA		
G3		ayer designates the individual listed below as the person to contact to schedule an aud osure of confidential information to this individual. (See instructions.)	it of this return and autho	rizes
		NICK THOMAS	Offic	e Phone: <u>415–309–2787</u>
	Title:	SENIOR DIRECTOR		(Area Code)
~ ~	Email:			Phone: (Area Code)
G4	List prio	r taxable years ending in MM/DD/YYYY format for which a federal examination has bee	en finalized:	
		R.S. § 43-327 requires the taxpayer, within ninety days after final determination, to rep Department of Revenue or to file amended returns reporting these changes. (See instru	-	separate cover to the
G5		axable years ending in MM/DD/YYYY format for which federal examinations are now in tions is still pending:	n progress and final deterr	nination of past
G6	List the	axable years ending in MM/DD/YYYY format for which federal waivers of the statute o	f limitations are in effect a	nd dates on which waivers
	expire:			
	l axable Y	ear Ending: Waiver E		
G7	Indicate	tax accounting method: 📃 Cash 🔀 Accrual 🗔 Other (Specify method	.)	
Multi	state taxp	ayers:		
G8	Column X Y	ionbusiness items reported on Schedule C, lines C1 through C5, and/or are the apporti B treated consistently on all state tax returns filed under the Uniform Division of Incom es No ne taxpayer must disclose the nature and extent of the variance upon request by the de	e for Tax Purposes Act?	ported on Schedule E,
G9		axpayer changed the way income is apportioned or allocated to Arizona from prior tax	-	
	lf "Yes",	nclude explanation.		
		The following declaration must be signed by one of the following officers: president, t	reasurer, or any other prin	cipal officer.
Dec	laration	Under penalties of perjury, I, the undersigned officer authorized to sign this return, de including the accompanying schedules and statements, and to the best of my knowled complete return, made in good faith, for the taxable year stated pursuant to the incom	lge and belief, it is a true, (	correct and
				SENIOR DIRECTOR
Ple	ase	OFFICER'S SIGNATURE	DATE	
Sig	n			
Hei	re	OFFICER'S PRINTED NAME		
		DARIN JAMES PAID PREPARER'S SIGNATURE	10/08/2023 DATE	P00361390 PAID PREPARER'S TIN
		DARIN JAMES	DAIL	FAID FREFAREN S HIN
		PARTIN CAMES PAID PREPARER'S PRINTED NAME		
Pai	d			
	parer's	COHNREZNICK LLP		22-1478099
Use				
Onl	У	707 WILSHIRE BLVD, STE 4950 FIRM'S STREET ADDRESS		- 310-843-9700 FIRM'S TELEPHONE NUMBER
		LOS ANGELES	CA	90017
			STATE	ZIP CODE
		This form must be e-filed unless the corporation has a wa	niver or is exempt from	n e-filing.
		See instructions for details		

QLESS, INC.

27-1155885

AZ 120	ARIZONA BAS	IS NET	OPERATING	LOSS CARRYFORWARD	STATEMENT 1
	TAX YEAR	LOSS	SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	12/31/16		70,964.	0.	70,964.
	12/31/17		8,567.	0.	8,567.
	12/31/18		101,131.	0.	101,131.
	12/31/19		103,999.	0.	103,999.
	12/31/20		31,114.	0.	31,114.
	12/31/21		80,428.	0.	80,428.
NET OPERATING	LOSS CARRYFOR	WARD A	VAILABLE		396,203.
CURRENT TAXAB	LE INCOME (FOR	M 120)		-41,077.	
CURRENT YEAR	LIMITATION (NO	T LESS	THAN ZERO	) 0.	
NET OPERATING	LOSS CURRENTL	Y APPL	IED (FORM ]	120)	0.

Electronic Filing PDF Attachment

QLESS, INC. EIN: 27-1155885 FYE: 12/31/22

#### **NET OPERATING LOSS ADJUSTMENT**

	NET OPERATING		ADJUSTED NET OPERATING LOSS
	LOSS PER TAX		CARRYFORWARD
TAX YEAR-END	RETURN	ADJUSTMENT	TO 2021
12/31/2016	70,964		70,964
12/31/2017	8,567		8,567
12/31/2018	101,131		101,131
12/31/2019	103,999		103,999
12/31/2020	34,163	(3 <i>,</i> 049)	31,114
12/31/2021	83,205	(2,777)	80,428
Total	402,029	(5,826)	396,203

THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.

				ADJUSTMENT
	ADJUSTMENT	ADJUSTMENT TO		TO AZ NET
	το βοοκ	TAXABLE	AZ	OPERATING
LIST OF ADJUSTMENTS	INCOME	INCOME	APPORTIONMENT	LOSS
12/31/20 FINANCIAL				
STATEMENT REVIEW GAAP				
ADJUSTMENT	(184,199)	(184,199)	1.6554%	(3,049)
12/31/21 FINANCIAL				
STATEMENT REVIEW GAAP				
ADJUSTMENT	(189,072)	(189,072)	1.4688%	(2,777)
TOTAL ADJUSTMENT	(373,272)	(373,272)		(5,826)

Case 24-11395 Doc 1 Filed 06/19/24 Page 120 of 316

### TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 100

### FOR THE YEAR ENDING

DECEMBER 31, 2022

#### PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

#### PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

#### TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

#### AMOUNT OF TAX:

TOTAL TAX	\$ 800
LESS: PAYMENTS AND CREDITS	\$ 1,600
PLUS: OTHER AMOUNT	\$ 0
PLUS: INTEREST AND PENALTIES	\$ 0
OVERPAYMENT	\$ 800

#### **OVERPAYMENT:**

CREDIT TO ESTIMATED TAX	\$ 800
OTHER AMOUNT	\$ 0
REFUNDED TO YOU	\$ 0

#### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE FTB. DO NOT MAIL A COPY OF THE RETURN.

#### **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM 8453-C TO US BY NOVEMBER 15, 2023.

#### **SPECIAL INSTRUCTIONS:**

# TAXABLE YEARCalifornia Corporation2022Franchise or Income Tax Return

FORM **100** 

3217193	QLES	27-1155885	0000000000000	22
TYB 01-01-20	22 TYI	E 12-31-2022	2	
QLESS INC				
21 MILLER ALL	EY SUIT	'E 210		
PASADENA	(	CA 91105		

S	ch	edule Q Questions (continued on Side 2)		
A	i	FINAL RETURN?	QSub electio	n
B	8 1	• Is income included in a combined report of a unitary group?	Yes X	lo
	2	If "Yes," indicate: Wholly within CA (R&TC 25101.15) Within and outside of CA Is there a change in the members listed in Schedule R-7 from the prior year?	Yes 🔲 N	١o
	3	<ul> <li>Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax</li> </ul>		
	4	• Is form FTB 3544 attached to the return?	Yes X N	lo
C		During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term?	Yes X	
	3.	During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under R&TC Section 62 (a)(2) and it was not reported on a previous year's tax return?	Yes X	١o
	State Adjustments	1 Net income (loss) before state adjustments. See instructions       •       1       -4         2 Amount deducted for foreign or domestic tax based on income or profits from Schedule A       •       2         3 Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A       •       3         4 Interest on government obligations       •       4         5 Net California capital gain from Side 6, Schedule D, line 11       •       5         6 Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885       •       6	800	00 00 00 00 00
č	ota	8 Other additions. Attach schedule(s) SEE STATEMENT 1 • 8		00 00 00

3601224

### Case 24-11395 Doc 1 Filed 06/19/24 Page 122 of 316

Ŧ	- 10 Intercompany dividend elimination. Attach Schedule H (100)	00	
State Adiustments (con't)	5       11 Dividends received deduction. Attach Schedule H (100)	00	
+e (	12 Additional depreciation allowed under CA law. Attach form FTB 3885 • 12 51 , 388	00	
a a	13 Capital gain from federal Form 1120, line 8	00	
1	14 Charitable Contributions	00	
V	<b>15</b> Other deductions. Attach schedule(s) <b>SEE STATEMENT 2</b> • <b>15 2,340,970</b>	00	
4040	16 Total. Add line 10 through line 15	• 16	
Ú	<sup>2</sup> 17 Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	• 17	
0	18 Net income (loss) for state purposes. Complete Sch. R if apportioning or allocating income. See instructions	• 18	3   -1,353,165 00
Not Income	19 Net operating loss (NOL) deduction. See instructions • 19	00	
- +	20 EZ, TTA, or LAMBRA NOL carryover deduction. See instructions • 20	00	
N	21 Disaster loss deduction. See instructions	00	
	22 Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18	• 22	<u>2 -1,353,165 oo</u>
	23 Tax. 8.8400 % x line 22 (at least minimum franchise tax, if applicable). See instructions	• 23	<u>800 oo</u>
	24 Credit name code ● amount ▶ 24	00	
	25 Credit name code ● amount ▶ 25	00	
90		00	
Tavae	27 Add line 24 through line 26	• 27	
-	28 Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)	• 28	<u>800 oo</u>
	29 Alternative minimum tax. Attach Schedule P (100). See instructions	• 29	
_	30 Total tax. Add line 28 and line 29	• 30	<u>) 800 oo</u>
	31 Overpayment from prior year allowed as a credit • 31 800	00	
4	32 2022 Estimated tax payments. See instructions • 32	00	
0	33 2022 Withholding (Form 592-B and/or 593). See instructions	00	
Daymonte	34 Amount paid with extension of time to file tax return • 34 800	00	
_	35 Total payments. Add line 31 through line 34	• 3	<u>5 1,600 oo</u>
	36 Use tax. This is not a total line. See instructions • 36	00	
	37 Payments balance. If line 35 is more than line 36, subtract line 36 from line 35	• 37	<u>1,600 oo</u>
	38 Use tax balance. If line 36 is more than line 35, subtract line 35 from line 36	• 38	3 00
9	<b>39 Franchise or income tax due</b> . If line 30 is more than line 37, subtract line 37 from line 30	• 39	
Ē	40 Overpayment. If line 37 is more than line 30, subtract line 30 from line 37	• 40	
5	41 Amount of line 40 to be credited to 2023 estimated tax	• 4	<u>1 800 oo</u>
Ē	42 Refund. Subtract line 41 from line 40	• 42	2 0 00
or Amount Due	See instructions to have the refund directly deposited.		
č	Checking		
Defined	Savings		
à	<b>420.</b> - Houting humber <b>420.</b> - Hype <b>420.</b> - Account humber		
	43 a Penalties and interest	• 438	a 00
	<b>b</b> • Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.		
_	44 Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result	• 44	4 00
	chedule Q Questions (continued from Side 1)		
	If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the		
	date the water's-edge election ended	(mm/dd/	′уууу) ●
Е	Was the corporation's income included in a consolidated federal return?		• Yes X No
-			- E12010
F	Principal business activity code. (Do not leave blank):		• 513210
	Business activity QUEUE MGMT SOFTWARE		
	Product or service SOFTWARE PUBLISHER		

Schedule Q Questions (continued on Side 3)

## Case 24-11395 Doc 1 Filed 06/19/24 Page 123 of 316

G Da	te incorporated (mm/dd/yyyy): 07/02/2009 Whe	re: • State CA	Country UNITEI	) STATES
	te business began in California or date income was first derived from California source			(dd/yyyy) • 07/02/2009
I Fir	st return? • Yes X No If "Yes" and this corporation	on is a successor t	o a previously existing b	usiness, check the appropriate box.
	• (1) Sole proprietorship (2) Partnershi			Corporation (5) Other
J "Do	(Attach ping business as" name. See instructions:	-		V/SSN/ITIN of previous business.)
K At	any time during the taxable year, was more than 50% of the voting stock:			
	Of the corporation owned by any single interest?			• Yes [ X ] N
2.	Of another corporation owned by this corporation?			• Yes 🚺 N
	Of this and one or more other corporations owned or controlled, directly or indirectly, If 1 or 3 is "Yes," enter the country of the ultimate parent	by the same intere	sts?	
	If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, add If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131 EN-SP, for mo		ages of stock owned.	
	s the corporation included a reportable transaction or listed transaction within this retu		ns for definitions)	• Yes X N
	Yes," complete and attach federal Form 8886 for each transaction.			• X Yes N
	this corporation apportioning or allocating income to California using Schedule R?			• X Yes N
	w many affiliates in the combined report are claiming immunity from taxation in Califor rporation headquarters are: • (1) 🗴 Within California (2		California, within the U.S	
D LO	cation of principal accounting records: 21 MILLER ALLEY, SUIT			
	counting method:			
R Do	es this corporation or any of its subsidiaries have a Deferred Intercompany Stock Acco	unt (DISA)?		
	Yes," enter the total balance of all DISAs			
	this corporation or any of its subsidiaries a RIC?			
	this corporation treated as a REMIC for California purposes?			······ <u> </u>
	Is this corporation a REIT for California purposes?			
	If question U1 is "Yes," does the entity own any qualified REIT			
	subsidiaries that are incorporated or qualified with the California			
	Secretary of State? If yes, see instructions			• 🗌 Yes 🗶 N
V Ist	this corporation an LLC or limited partnership electing to be taxed as a corporation for			
	Yes", enter the effective date of the election (mm/dd/yyyy)			·····
	this corporation to be treated as a credit union?			
	the corporation under audit by the IRS or has it been audited by the IRS in a prior year			
	ve all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, 8865, e			
	es the taxpayer (or any corporation of the taxpayer's combined group, if applicable) ow			
	id the corporation file the federal Schedule UTP (Form 1120)?			
	oes any member of the combined report own an SMLLC or generate/claim credits that			• Yes X N
	Has this business entity previously filed an unclaimed property Holder Remit Report w If "Yes," when was the last report filed? (mm/dd/yyyy) • 3.	Amount last remi		• Yes X N
	Under penalties of perjury, I declare that I have examined this return, including accompanying sched belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all ir	ules and statements, a formation of which pre	nd to the best of my knowledg parer has any knowledge.	ge and
Sign	Signature	Title	Date	• Telephone
Here		SENIOR	DIR	415-309-2787
	Officer's email address (optional) NICK.THOMAS@QLESS.COM	***	Ohaali if aalf	● PTIN
Doid		ute L0/08/23	Check if self- employed	P00361390
Paid Pre-	Firm's name COHNREZNICK LLP	10/00/25		• Firm's FEIN
parer'	s (or yours, if 707 WIT CUTPE DIVD CHE 4050			22-1478099
Use Only	and address LOS ANGELES, CA 90017			Telephone
2	, , , , , , , , , , , , , , , , ,			310-843-9700
	May the FTB discuss this return with the preparer shown above? See instructions .	<u>.</u>	<u></u>	• X Yes No
		-		
	For Privacy Notice, get FTB 1131 EN-SP. 022 3603224	Ł	239791 01-03-23	Form 100 2022 Side 3

00

00

00

5

6

SEE STATEMENT 3		<b>(a)</b> Nature of tax		<b>(b)</b> Taxing authority			T	(c) otal amou	nt	(d) Nondeductible amo	ount	
If the corporation uses California computation method to compute the net income, see instructions.          ⓐ 370, 207		SEE STATEMENT 3									(	
If the corporation uses California computation method to compute the net income, see instructions.          ⓐ 370, 207												
in a) Gross receipts or gross sales (***)       8, 481, 600         b) Less returns and allowance (***)       0) Balance         c) Cost of goods sold. Attach federal Form 1125-A (California Schedule V)       •         c) Total dividends. Attach federal Schedule D       •         c) Interest on obligations of the United States and U.S. instrumentalities       •         b) Other interest. Attach schedule       SEE         c) Gross royalites       •         a) Capstal gain net income. Attach federal Schedule D (California Schedule D-1)       •         b) Other interest. Attach federal Form 4797 (California Schedule D-1)       •         c) Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)       •         c) Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)       •         c) Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)       •         c) Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)       •         c) Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)       •         c) Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)       •         c) Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)       •         c) California Schedule       •       12       535, 448       •         11       Total informa Sche	tal	. Enter total of column (c) on Schedule F, line 17, an	d total of co	olumn (d) on Side 1, li	ne 2 or I	ine 3.						
1       a) Gross receipts or gross sales (a) (A81, 600)       b) Less returns and allowance (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		If the corporation uses California computation met	hod to com	pute the net income, s	see instr	uctions	. ()	370	,207	7 💿		
b) Less returns and allowance <ul> <li>c) Balance</li> <li>c) Cost of goods sold. Attach federal Form 1125-A (California Schedule V)</li> <li>c) Cost of goods sold. Attach federal Schedule C (California Schedule H (100))</li> <li>c) Tata dividends. Attach federal Schedule C (California Schedule H (100))</li> <li>c) Tata dividends. Attach federal Schedule C (California Schedule H (100))</li> <li>c) Tata dividends. Attach schedule C (California Schedule H (100))</li> <li>d) Interest on obligations of the United States and U.S. instrumentalities</li> <li>c) Other interest. Attach schedule C (California Schedule D)</li> <li>c) Gross royaties</li> <li>c) Cost organizations and the deral Schedule D (California Schedule D-1)</li> <li>o) Other income. Attach federal Form 4797 (California Schedule D-1)</li> <li>o) Other income. Attach federal Form 1725-E or equivalent schedule</li> <li>c) SEE_STATEMENT 6</li> <li>d) -1.64, 649</li> <li>d) -1.64, 000</li> <li>d) a debts</li> <li>d) a 2, 933, 941 do</li> <li>d) a 2, 933, 941 do</li> <li>d) a debts</li> <li>d) a 1, 2, 933, 941 do</li> <li>d) a 4422, 260 do</li> <li>d) a 4422, 260 do</li> <li>d) a 4422, 260 do</li> <li>d) a 4424, 2, 260 do</li> <li>d) a 4441, 280 do</li> <li>d) a 4441,</li></ul>	ch	edule F Computation of Net Income. See in	structions.									
b) Less returns and allowance <ul> <li>c) Balance</li> <li>c) Cost of goods sold. Attach federal Form 1125-A (California Schedule V)</li> <li>c) Cost of goods sold. Attach federal Schedule C (California Schedule H (100))</li> <li>c) Tata dividends. Attach federal Schedule C (California Schedule H (100))</li> <li>c) Tata dividends. Attach federal Schedule C (California Schedule H (100))</li> <li>c) Tata dividends. Attach schedule C (California Schedule H (100))</li> <li>d) Interest on obligations of the United States and U.S. instrumentalities</li> <li>c) Other interest. Attach schedule C (California Schedule D)</li> <li>c) Gross royaties</li> <li>c) Cost organizations and the deral Schedule D (California Schedule D-1)</li> <li>o) Other income. Attach federal Form 4797 (California Schedule D-1)</li> <li>o) Other income. Attach federal Form 1725-E or equivalent schedule</li> <li>c) SEE_STATEMENT 6</li> <li>d) -1.64, 649</li> <li>d) -1.64, 000</li> <li>d) a debts</li> <li>d) a 2, 933, 941 do</li> <li>d) a 2, 933, 941 do</li> <li>d) a debts</li> <li>d) a 1, 2, 933, 941 do</li> <li>d) a 4422, 260 do</li> <li>d) a 4422, 260 do</li> <li>d) a 4422, 260 do</li> <li>d) a 4424, 2, 260 do</li> <li>d) a 4441, 280 do</li> <li>d) a 4441,</li></ul>		1 a) Gross receipts or gross sales	,481,	600								
2       Cost of goods sold. Attach federal Form 1125-A (California Schedule V) <ul> <li>a</li> <li>costs profit. Subtract line 2 from line 1c</li> <li>b</li> <li>costs profit. Subtract line 2 from line 1c</li> <li>costs profit. Subtract line 2 from line 1c</li> <li>cost of goods sold. Attach federal Schedule C (California Schedule H (100))</li> <li>a) Interest on obligations of the United States and U.S. Instrumentalities</li> <li>b) Other interest. Attach schedule</li> <li>cost of goods sold. Attach federal Schedule D (California Schedule D)</li> <li>cost of goods sold. Attach federal Schedule D (California Schedule D)</li> <li>cost of goods and line 3 through line 10</li> <li>cost of dline 3 through line 10</li></ul>		b) Less returns and allowance 💿		c) Balance					• 1c	8,481,60	0	
3       Gross profit. Subtract line 2 from line 1c       •       3       5,709,510         4       Total dividends. Attach federal Schedule C (California Schedule H (100))       •       4         5       a) Interest on obligations of the United States and U.S. instrumentalities       •       5a         5       b) Other interest. Attach schedule       SEE       STATEMENT 5       •         6       Gross roryalties       •       7       •         7       Gross roryalties       •       7       •         8       Capital gain net income. Attach federal Schedule D (California Schedule D)       •       8       •         9       ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)       •       10       -164.649         11       Total income. Adta ine 3 through line 10       •       12       2.933.941.00         13       Salaries and wages (not deducted elsewhere)       •       13       2.933.941.00         14       Repairs and maintenance       •       14       00         16       Rents       •       16       177.200.00       11         17       Taxes (California Schedule A). See instructions       •       13       247.082.00       00         21       Lood A tash schedu									• 2	2,772,09	0	
4       Total dividends. Attach federal Schedule C (California Schedule H (100))       •       4         5       0       Interest on obligations of the United States and U.S. instrumentalities       SEE       STATEMENT       5         0       Other interest. Attach schedule       SEE       STATEMENT       5       6         7       Gross rents       •       7       •       8         9       Ordinary gain (loss). Attach schedule D (California Schedule D -1)       •       8       •       0         10       Other income (loss). Attach schedule       SEE       STATEMENT       6       •       10       -1.64, 649         11       Total income. Attach federal Form 4797 (California Schedule D -1)       •       8       •       0       10       -1.64, 649         12       Compensation of officers. Attach federal Form 1125-E or equivalent schedule       •       13       2, 933, 941       00         13       Bad debts       •       16       1.77, 200       00         16       Bad rest       •       16       1.77, 200       00         11       Taxes (California Schedule A). See instructions       •       17       37, 803       00         11       Taxes (California Schedule       •       <									• 3			
5 a) Interest on obligations of the United States and U.S. instrumentalities 5   b) Other interest. Attach schedule SEE   c) Gross rents 6   7 Gross royalties 6   7 Gross royalties 7   8 Capital gain net income. Attach federal Schedule D (California Schedule D) 8   9 Ordinary gain (loss). Attach schedule SEE   10 Other income (loss). Attach schedule SEE   11 Total income. Add line 3 through line 10 11   12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule 12   13 Salaries and wages (not deducted elsewhere) 13   14 Repairs and maintenance 14   15 Bad debts 16   17 Taxes (California Schedule A). See instructions 17   17 Taxes (California Schedule A). See instructions 18   20 Depreciation claimed elsewhere on return 21a   21 Less depreciation claimed elsewhere on return 21a   22 Depletion. Attach schedule 21a   23 Advertising 23   24 Pension, profit-sharing plans, etc. 22   25 Employee beneft plans 28   26 Total travel and einertainment <a href="statement">150   29 Total deduction. Attach schedule   21 Total race adjuctions. Attach chedule   22 Employee beneft plans   23 Advertising   24 Pension, profit-sharing plans, etc.   25 Employee beneft plans   26 Total race adjuctions and refer adjuctation schedule   29 Total deduction. Attach schedule   21 Total race add</a>		4 Total dividends. Attach federal Schedule C (Calif	ornia Schec	lule H (100))					• 4			
b) Other interest. Attach schedule SEE STATEMENT 5 • b) 21,623   6 Gross rents • 6 • 6   7 Gross royaties • 7 · 8   8 Capital gain net income. Attach federal Schedule D (California Schedule D. 1) • 8 · •   9 Ordinary gain (loss). Attach federal Form 4797 (California Schedule D. 1) • 8 · •   10 Other income (loss). Attach schedule SEE STATEMENT 6 • 10 -164,649   11 Total income. Add line 2 through line 10 • 11 5,566,484 oo   12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule • 12 535,448 oo   13 Salaries and wages (not deducted elsewhere) • 13 2,933,941 oo   14 Repairs and maintenance • 14 00 oo   15 Bad debts • 16 177,200 oo   16 Rents • 18 242,260 oo   17 Taxes (California Schedule A). See instructions • 17 37,803 oo   20 Depreciation. Attach schedule • 18 242,260 oo   21 Depreciation claimed elsewhere on return • 21 00 • 21   21 Depreciation claimed elsewhere on return • 23 877,082 oo   22 Depretion. Attach schedule • 23 877,082 oo   23 Advertising • 23 877,082 oo   24 Auton schedule <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>• 5a</td><td></td><td></td></t<>									• 5a			
6       Gross rents       •       6         7       Gross royaties       •       7         8       Capital gain net income. Attach federal Schedule D (California Schedule D.)       •       8         9       Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)       •       9         10       Other income (loss). Attach schedule       SEE       STATEMENT 6       •         11       Total income. Add line 3 through line 10       •       11       5,566,484         12       Compensation of officers. Attach federal Form 1125-E or equivalent schedule       •       12       535,448       00         13       Salaries and wages (not deducted elsewhere)       •       12       535,448       00         14       Repairs and maintenance       •       16       177,200,00       00         16       177,200,00       18       18       242,260,00       00         19       Ood       18       242,260,00       00       00         20       37,803,00       23       37,803,00       00       22       00         21       Less deprication. Attach schedule       •       18       242,260,00       00         21       Depteriation. Attach schedule       <		<b>b)</b> Other interest. Attach schedule			SEE	ST	ATEMENT	5		21,62	3	
7 Gross royalties 7   8 Capital gain net income. Attach federal Schedule D (California Schedule D.) 9   9 Ordinary gain (loss). Attach federal Form 4797 (California Schedule D.1) 9   10 Other income (loss). Attach schedule SEE   11 5,566,484   12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule 12   13 Salaries and wages (not deducted elsewhere) 13   14 00   15 8   16 Rents   17 370,207 00   18 Interest. Attach schedule   19 000   20 Depreciation. Attach federal rom return   11 17,7,200 00   17 370,207 00   18 Interest. Attach schedule   19 000   20 Depreciation. Attach schedule   11 15,7,803 00   21 Less depreciation calimed elsewhere on return   12 23   23 877,082 00   24 00   25 441,280 00   26 75 00   27 14,940,502 00   28 75 00   29 10,555,798   30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   28 10,555,798   30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   28 10,555,798   30 Net income before state adjustments. Subtract		6 Gross rents									-	
8       Capital gain net income. Attach federal Schedule D (California Schedule D)       •       8         9       Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)       •       9         10       Other income (loss). Attach federal Form 4797 (California Schedule D-1)       •       10         11       Total income. Add line 3 through line 10       •       12       535,448       00         12       Data and maintenance       •       13       2,933,941       00         14       000       16       177,7,200       00         17       Taxes (California Schedule A). See instructions       •       17       370,207       00         18       Interest. Attach schedule       •       18       242,260       00         11       Depreciation. Attach schedule       •       18       242,260       00         11       Exel Stand Schedule A). See instructions       •       17       370,803       00         12       Less depreciation. Attach schedule       •       18       242,260       00         12       Less depreciation. Attach schedule       •       12       23       877,082       00         12       Less depreciation. Attach schedule       •       22       <												
9 Ordinary gain (loss). Attach tederal Form 4797 (California Schedule D-1) • 9   10 Other income (loss). Attach schedule SEE STATEMENT   11 Total income. Add line 3 through line 10 • 11   12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule • 12   13 Salaries and wages (not deducted elsewhere) • 13   14 00 14 00   15 0 0   16 177, 200 00   17 Taxes (California Schedule •   18 2422, 260 00   19 00 •   21 00 •   21 00 •   21 00 •   21 00 •   21 00 •   21 00 •   18 2422, 260   19 00   20 Depreciation. Attach ted Form 4562 & FTB 3885   21 00   22 00   23 8777, 082   24 00   25 441, 280   02 24   26 75   00 •   27 Other deductions. Attach schedule   28 00   27 Other deductions ander R&TC Section 23701r or 23701t. See instructions.   28 00   29 10, 555, 798   30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   29 10												
10 Other income (loss), Attach schedule SEE STATEMENT 6 10 -164,649   11 12 535,448 0 11 5,566,484   12 13 13 14 13 13 14 14 15 16 17,7,200 16 17,7,200 16 17,7,200 16 17,7,200 16 17,7,200 16 17,7,200 16 17,7,200 16 17,7,200 16 17,7,200 16 17,7,200 16 17,7,200 16 17,7,200 17 18 20 37,803 20 21 Less depreciation claimed elsewhere on return 21 20 37,803 20 21 24 20 37,803 20 21 24 20 37,803 20 22 20 37,803 20 21 24 20 20 20 21 24 20 20 21 24 20 20 20 21 24 20 20 20 21 24 20 20 20 21 24 20 20 20 21 24 20 20 20 20 21 20 21 20 20 21 20 20 21 20 20 20 20 20 20 20 20 20 20 20 21 20 20 20 20 2												
11 Total income. Add line 3 through line 10 • 11 5,566,484   12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule • 12 535,448 00 STMT 4   13 Salaries and wages (not deducted elsewhere) • 13 2,933,941 00 It   14 Repairs and maintenance • 16 177,200 00 17   17 Taxes (California Schedule A). See instructions • 16 177,200 00   18 Interest. Attach schedule • 18 242,260 00   19 Copreciation. Attach schedule • 19 000   20 Depreciation. Attach schedule • 12 37,803 00   21 Less depreciation claimed elsewhere on return • 21a 000 21b   23 Advertising • 22 000   24 Pension, profit-sharing plans, etc. • 24 000   25 Employee benefit plans • 25 441,280 00   26 Total tavel and entertainment • 150 • 26b 75 00   29 Total deductions. Attach schedule • 28 00   29 Total deductions. Attach schedule • 29 10,555,798   30 - 4,989,314 • 1 • 1	1	0 Other income (loss). Attach schedule	oumornia o		SEF	ST	ATEMENT	6		-164.64	9	
12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule 12 535,448 00 STMT 4   13 Salaries and wages (not deducted elsewhere) 13 2,933,941 00 14   14 00 14 00   15 8ad debts 15 00   16 177,200 00 17 370,207 00   17 Taxes (California Schedule A). See instructions 17 370,207 00   18 Interest. Attach schedule 18 242,260 00   19 Charitable Contributions. Attach schedule 18 242,260 00   20 Depreciation. Attach schedule 19 00   21 Less depreciation claimed elsewhere on return 21a 00 21b   23 Advertising 23 877,082 00   24 00 25 441,280 00   25 441,280 00 27 4,940,502 00   26 75 00 27 4,940,502 00   29 Total tavel and entertainment <abr></abr> 29 10,555,798   30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1 29   20 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1 29   21 1 2 00		1 Total income Add line 3 through line 10										
13 Salaries and wages (not deducted elsewhere) 13 2,933,941 00   14 00   15 Bad debts   16 Rents   17 Taxes (California Schedule A). See instructions   18 Interest. Attach schedule   19 00   20 Depreciation. Attach schedule   21 Less depreciation claimed elsewhere on return   19 00   21 Less depreciation claimed elsewhere on return   10 21a   20 21b   27 00   23 877,082   24 00   25 441,280   26 75   27 Other deductions. Attach schedule   28 20   29 10,555,798   30 Vet income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   29 10,555,798   30 Vet income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   24 00   25 10   26 75   30 -4,989,314								448			_	
14 Pepairs and maintenance   15 Bad debts   16 Rents   17 Taxes (California Schedule A). See instructions   18 Interest. Attach schedule   19 Oo   10 Perciation. Attach schedule   11 11   12 Less depreciation claimed elsewhere on return   12 Less depreciation claimed elsewhere on return   14 00   16 177, 7, 200   17 370, 207   18 Interest. Attach schedule   19 00   20 27, 803   20 37, 803   21 Less depreciation claimed elsewhere on return   11 22   20 00   21 Less depreciation claimed elsewhere on return   14 00   20 27, 803   20 27, 803   21 28   20 37, 803   21 28   22 00   23 Advertising   24 24   25 441, 280   26 75   27 4, 940, 502   28 00      29 10, 555, 798   30 -4, 989, 314            21 Add-On Taxes and Recapture of Tax Credits. See instructions.												
15 Bad debts   16 Rents   17 Taxes (California Schedule A). See instructions   18 Interest. Attach schedule   19 18   20 37,80300   20 9   21 20   20 37,80300   21 20   23 877,08200   24 00   25 441,28000   26 75 00   27 00   28 5   29 10,555,798   30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   29 10,555,798   30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   24 00   25 400,502 00   26 75 00   29 10,555,798   30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   20 10,555,798   30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   20 10,555,798   30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   26 1   27 Add-On Taxes and Recepture of Tax Credits. See instructions.   21F0 recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$   21F0 recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$   21F0 recapture due to S corporation election, IRC Sec. 13	Ι.	A Banairs and maintenance										
16 177, 200 oo   17 Taxes (California Schedule A). See instructions   18 Interest. Attach schedule   19 18   242, 260 oo   19 19   20 20   27 21b   28 20   27 24   28 25   24 00   25 241, 280 oo   26b 75 oo   27 27   4, 940, 502 oo   28 29   20 10, 555, 798   30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   21 240 oo   28 20   29 10, 555, 798   30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   21 240 oo   23 29   24 00   25 20   26 75   27 00   28 29   29 10, 555, 798   30 -4, 989, 314	Ι.											
17 Taxes (California Schedule A). See instructions   18 Interest. Attach schedule   19 00   19 00   20 37,803 00   21 Less depreciation claimed elsewhere on return   11 21   20 37,803 00   21 Less depreciation claimed elsewhere on return   17 370,207 00   20 18   24 00   25 Employee benefit plans   26 75 00   27 4,940,502 00   28 29   10,555,798   30 -4,989,314							177					
18       Interest. Attach schedule <ul> <li>18</li> <li>242,260</li> <li>19</li> <li>00</li> </ul> 20       37,803       00         21       20       37,803       00         21       20       37,803       00         22       00       21b       37,803       00         22       00       21b       37,803       00         22       00       21b       37,803       00         23       877,082       00       23       877,082       00         24       00       25       441,280       00       25       441,280       00         25       441,280       00       26       75       00       27       4,940,502       00       28       29       10,555,798         30       Person for organizations under R&TC Section 23701r or 23701r. See instructions.       28       00       29       10,555,798         30       Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1       30       -4,989,314         Protal deductions of corporation election, IRC Sec. 1363(d) deferral: \$         LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$       <												
19 Charitable Contributions. Attach schedule   20 37,803 00   21 Less depreciation. Attach fed Form 4562 & FTB 3885 (a)   21 Less depreciation claimed elsewhere on return   (a) 21a   00 21b   37,803 00   21 Less depreciation claimed elsewhere on return   (a) 21a   00 21b   37,803 00   21 22   00 21b   37,803 00   22 00   23 877,082 00   24 00   25 441,280 00   26 75 00   27 4,940,502 00   28 00   29   10,555,798   30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1   29 10,555,798   30 -4,989,314 <b>thedule J</b> Add-On Taxes and Recapture of Tax Credits. See instructions.   LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$   1 1   1 2												
20       Depreciation. Attach fed Form 4562 & FTB 3885 (a)       20       37,803 (b)         21       Less depreciation claimed elsewhere on return (b)       21a       00       21b       37,803 (b)         21       Less depreciation claimed elsewhere on return (b)       21a       00       21b       37,803 (b)         22       00       21b       37,803 (b)       22       00         23       877,082 (b)       00       23       877,082 (b)         24       00       24       00       24       00         25       Employee benefit plans       (b)       25       441,280 (b)       00         26       75 (b)       75 (b)       00       27       4,940,502 (b)       00         27       Other deductions. Attach schedule       SEE       STATEMENT 7       27       27       4,940,502 (b)         28       00       28       00       29       10,555,798         30       Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1       30       -4,989,314         Checkle J       Add-On Taxes and Recapture of Tax Credits. See instructions.         LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$         1							242					
21       Less depreciation claimed elsewhere on return <ul> <li>21a</li> <li>00</li> <li>21b</li> <li>37,803</li> <li>00</li> </ul> 22         00         22         00           23         877,082         00           24         00         23         877,082         00           25         441,280         00         25         441,280         00           26         75         00         27         4,940,502         00           27         4,940,502         00         28         00         29         10,555,798           30         Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1         930         -4,989,314           Checkle J         Add-On Taxes and Recapture of Tax Credits. See instructions.           LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$           21         1         2         1         2           23         Add-On Taxes and Recapture of Tax Credits. See instructions.         2         1         2						19						
22       Depletion. Attach schedule       •       22       00         23       Advertising       •       23       877,082       00         24       00       24       00       00       24       00         25       Employee benefit plans       •       25       441,280       00         26       75       00       27       4,940,502       00         27       Other deductions. Attach schedule       SEE       STATEMENT       •       28       00         27       00       28       00       00       28       00       00         29       Total travel and entertainment @       11       Entertain State Schedule       29       10,555,798         29       Total deductions. Attach schedule       SEE       STATEMENT       •       28       00         29       Total deductions. Add line 12 through line 28       •       29       10,555,798       30       -4,989,314         30       -4,989,314       •       30       -4,989,314       •       2       1       -4,989,314         •       1						01h	37	803	00			
23       Advertising       23       877,082 00         24       00         25       Employee benefit plans       25       441,280 00         26       a) Total travel and entertainment (150)       26b       75 00         27       Other deductions. Attach schedule       SEE       STATEMENT 7         28       28       00         29       10,555,798         30       -4,989,314			-				57					
24       Pension, profit-sharing plans, etc. <ul> <li>24</li> <li>25</li> <li>24</li> <li>26</li> <li>25</li> <li>24</li> <li>26</li> <li>27</li> <li>24</li> <li>28</li> </ul> 27         Other deductions. Attach schedule         SEE         STATEMENT         7 <ul> <li>27</li> <li>4,940,502</li> <li>28</li> </ul> 29         10,555,798           30         -4,989,314               28         00               29         10,555,798           30         -4,989,314           29         10,555,798           30         -4,989,314					-		877					
25       Employee benefit plans         26       a) Total travel and entertainment (150)         b) Deductible amounts       26b         27       0 + 940, 502         28       28         29       10, 555, 798         30       -4, 989, 314         Endleductions. Add line 12 through line 28         30       -4, 989, 314         Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)							077					
26 a) Total travel and entertainment (a) 150         b) Deductible amounts         27 Other deductions. Attach schedule         Specific deduction for organizations under R&TC Section 23701r or 23701t. See instr         28 Specific deductions. Add line 12 through line 28         29 Total deductions. Add line 12 through line 28         30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1         b) Deductible amounts         c) 28         29 Total deductions. Add line 12 through line 28         30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1         c) 29 10, 555, 798         30 -4, 989, 314 <td 9<="" c)="" td=""><td></td><td></td><td></td><td></td><td>-</td><td></td><td>111</td><td></td><td></td><td></td><td></td></td>	<td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>111</td> <td></td> <td></td> <td></td> <td></td>					-		111				
<ul> <li>b) Deductible amounts</li> <li>27 Other deductions. Attach schedule</li> <li>SEE STATEMENT 7</li> <li>28 Specific deduction for organizations under R&amp;TC Section 23701r or 23701t. See instr</li> <li>29 Total deductions. Add line 12 through line 28</li> <li>30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1</li> <li>29 10, 555, 798</li> <li>30 -4, 989, 314</li> </ul>					🖲	20	441	, 200	00			
27       Other deductions. Attach schedule       SEE       STATEMENT       7       27       4,940,502       00         28       Specific deduction for organizations under R&TC Section 23701r or 23701t. See instr       28       00         29       Total deductions. Add line 12 through line 28       29       10,555,798         30       Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1       9       30       -4,989,314         chedule J         Add-On Taxes and Recapture of Tax Credits. See instructions.         LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$       1       2         Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)       2       2	4	· · · · · · · · · · · · · · · · · · ·		<u>150</u>	•	0.01		75				
28       Specific deduction for organizations under R&TC Section 23701r or 23701t. See instr       28       00         29       Total deductions. Add line 12 through line 28       •       29       10,555,798         30       Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1       •       30       -4,989,314         chedule J Add-On Taxes and Recapture of Tax Credits. See instructions.         LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$       •       1         Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)       •       2		/	0 <b></b>				1 9 1 0					
29 Total deductions. Add line 12 through line 28       •       29       10,555,798         30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1       •       29       10,555,798         Shedule J Add-On Taxes and Recapture of Tax Credits. See instructions.         LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$       •       1         Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)       •       2	-						4,940					
30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1       • 30 -4,989,314         Shedule J Add-On Taxes and Recapture of Tax Credits. See instructions.         LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$       • 1         Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)       • 2		-								10 555 70	0	
chedule J       Add-On Taxes and Recapture of Tax Credits. See instructions.         LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$       •       1         Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)       •       2												
LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$ Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834) 2	3	<b>U</b> Net income before state adjustments. Subtract li	ne 29 from	line 11. Enter here and	d on Sid	e 1, line	91		• 30	-4,909,31	4	
Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)	h	edule J Add-On Taxes and Recapture of Tax	credits. S	See instructions.								
		IFO recapture due to S corporation election, IRC Sec	c. 1363(d) (	deferral: \$					1			
Interest on tax attributable to installment: a Sales of certain timeshares and residential lots • 3a	I	nterest computed under the look-back method for co	ompleted lo	ng-term contracts (Att	ach forr	n FTB 3	834)	•	2			
		nterest on tax attributable to installment: a Sales of	certain tim	eshares and residentia	al lots			•	3.2			

5 Credit recapture name:
6 Combine line 1 through line 5, revise Side 2, line 39 or line 40, whichever applies, by this amount. Write
\* Schedule J" to the left of line 39 or line 40

4 IRC Section 197(f)(9)(B)(ii) election \_\_\_\_\_ 4

Sc	chedule V Cost of Goods Sold					
1	Inventory at beginning of year	۲	1			00
2	Purchases	۲	2			00
3	Cost of labor	•	3	1,025,	357	00
4	a Additional IRC Section 263A costs. Attach schedule	•	4a			00
	b Other costs. Attach schedule SEE STATEMENT 12	•	4b	1,746,	733	00
5	Total. Add line 1 through line 4b	[	5	2,772,	090	00
6	Inventory at end of year	۲	6			00
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and on Side 4, Schedule F, line 2	[	7	2,772,	090	00
	Method of inventory valuation  COST					
	Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach at	ı expl	anatio	n. 🗌 Yes	X	No
	Enter California seller's permit number, if any 🕨					
	Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970				[	
	If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO					
	Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation?			Yes	X	No

#### The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.

Schedule L Balance Sheet	Beg	ginning of tax	able year		End of tax	End of taxable year		
Assets	(a)		(b)		(C)		(d)	
1 Cash		۲	3,246,93	1		•	1,905,920	
2 a Trade notes and accounts receivable	91	2,216		•	902,004			
<b>b</b> Less allowance for bad debts		))	912,21	6•(	)	•	902,004	
3 Inventories		$\overline{\mathbf{O}}$				•		
4 Federal and state government obligations		$\overline{\bullet}$				•		
5 Other current assets. Attach sch(s)STMT 8			442,65	6			512,057	
6 Loans to stockholders/officers. Att sch		$\overline{\bullet}$				•		
7 Mortgage and real estate loans		$\odot$				•		
8 Other investments. Attach sch(s)		۲				•		
9 a Buildings and other fixed depreciable assets		6,369		•	267,371			
<b>b</b> Less accumulated depreciation	<b>●</b> ( 65	9,742) 🖲	86,62	7●(	112,850)	•	154,521	
10 a Depletable assets								
<b>b</b> Less accumulated depletion	(	))		(	)			
<b>11</b> Land (net of any amortization)		۲				•		
12 a Intangible assets (amortizable only)	۲			•	2,162,002			
<b>b</b> Less accumulated amortization		))		•(	)	ullet	2,162,002	
13 Other assets. Attach sch(s) STMT 9		$\overline{\bullet}$	40,93			•	34,939	
14 Total assets		۲	4,729,36	4		•	5,671,443	
Liabilities and Stockholders' Equity								
15 Accounts payable		۲	578,99	8		•	244,516	
$16$ Mortgages, notes, bonds payable in less than 1 year $\dots$		$\overline{\bullet}$				•		
17 Other current liabilities. Att. sch(s)STMT 10		$\overline{\bullet}$	4,197,39	6			6,903,797	
18 Loans from stockholders. Att. sch(s)		$\odot$				•		
19 Mortgages, notes, bonds payable in 1 year or more		$\overline{\bullet}$				•		
20 Other liabilities. Attach sch(s) STMT 11		۲	908,89	3		•	6,300,513	
21 Capital stock: a Preferred stock	◉	104		•	68			
<b>b</b> Common stock	◉	116 🖲	22		272	•	340	
22 Paid-in or capital surplus. Attach reconciliation		۲	29,721,44	9		•	29,035,683	
23 Retained earnings - Appropriated. Att. sch		$\overline{\mathbf{O}}$				•		
24 Retained earnings - Unappropriated		$\overline{\mathbf{O}}$	-30,662,59	2		• -	36,798,406	
25 Adjustments to shareholders' equity. Att. sch.								
26 Less cost of treasury stock		(	15,00	0)		(	15,000 <sub>)</sub>	
27 Total liabilities and stockholders' equity			4,729,36	4			5,671,443	

022

I

27-1155885

Schedule M-1 Reconciliation of Income If the corporation complet	(Lo ted	ss) per Books With Income (L federal Sch M-3 (Form 1120/1	oss) per Return. 120F), see instructions.
1 Net income per books	٠		7 Income recorded on books this year not included
2 Federal income tax		4,687	in this return (itemize)
3 Excess of capital losses over capital gains 4 Taxable income not recorded on books this year (itemize)			a Tax-exempt interest
	•		c Total. Add line 7a and line 7b
<ul> <li>5 Expenses recorded on books this year not deducted in this return (itemize)</li> <li>a Depreciation \$</li> <li>b State taxes \$</li> <li>c entertainment • \$</li> </ul>	_		<ul> <li>8 Deductions in this return not charged against book income this year (itemize)</li> <li>a Depreciation \$</li></ul>
d Other \$ e Total. Add line 5a through line 5d	-		d Total. Add line 8a through line 8c
6 Total. Add line 1 through line 5e			10 Net income per return. Subtract line 9 from line 6

#### Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Side 5, Schedule L, line 24)

1	5 Distributions: a Cash	
	b Stock	
	c Property●	
	6 Other decreases (itemize)	
	•	
	<b>7</b> Total. Add line 5 and line 6	
	8 Balance at end of year. Subtract line 7 from line 4 🖲	
		b Stock

### Schedule D California Capital Gains and Losses

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less. Use additional sheet(s) if necessary.

			1001 01 E000. 000	2 additional onoot(0) ii nooot	,oui ji		
	(a) Kind of property and description (Example, 100 shares of Z Co.)	<b>(b)</b> Date acquired (mm/dd/yyyy)	<b>(C)</b> Date sold (mm/dd/yyyy)	(d) Gross sales price	( <b>e)</b> Cost or other basis plus expense of sal		<b>(f)</b> Gain (loss) (d) less (e)
1							00
							00
2	Short-term capital gain from installment sa	les from form FTB	3805E, line 26 or l	ine 37	۲	2	00
	Unused capital loss carryover from 2021					3	00
4	Net short-term capital gain (loss). Combine					4	00
	rt II Long-Term Capital Gains and Losses						
5							00
							00
6	Enter gain from Schedule D-1, line 9 and/or	any capital gain d	istributions		۲	6	00
	Long-term capital gain from installment sal				-	7	00
8	Net long-term capital gain (loss). Combine	line 5 through line	7		•	8	00
	Enter excess of net short-term capital gain					9	00
10	Net capital gain. Enter excess of net long-te	rm capital gain (lin	ie 8) over net short			10	00
11	Total lines 9 and 10. Enter here and on Forr	n 100, Side 1, line	5. If losses exceed	gains, carry forward losses	to 2023	11	00

I

TAXABLE YEAR					CA	LIFORNIA SCHEDULE	
2022 Apportionment	and Allocation o	f Inco	ome			R	
Attach this schedule behind the California tax return and p	prior to the supporting schedules.						
For calendar year 2022 or fiscal year beginning month (m			, and ending (m	m/dd/y	/yyy)		
Name as shown on your California tax return						SSN, ITIN, FEIN, CA corp no., or CA SO	JS file no.
QLESS INC						3217193	
Water's-Edge Filers Only: If controlled foreign corporation	ons are included in the combined	report att	ach form FTB 2416		<b>I</b>		
Complete Schedule R (Side 1 and Side 2) and all applic				edule	R.		
<b>1 a</b> Net income (loss) after state adjustments from For							$\top$
line 14; Form 100X, line 4. Form 565 and Form 568		,					
Schedule K (565 or 568) less the total of line 12 th				•	1a	-7,252,11	3 00
b Water's-edge foreign investment interest offset fro					1b		00
- Total Complian line to and line th				•	1c	-7,252,11	3 00
Nonbusiness Income (Loss) from All Sources. See Gene	ral Information A for definitions an	d <u>example</u> :	S.				
2 Dividends included on line 1a and not deducted on Fo							
Form 100W, Side 2, lines 11a/b; or Form 100S, Side	2, lines 9 and 10	2		00			
3 Interest. Attach schedule		3		00			
4 Net income (loss) from the rental of property from Se	chedule R-3, line 3, column (c)	4		00			
5 Royalties. Attach schedule		5		00			
6 Gain (loss) from the sale of assets from Schedule R-	4, line 2, column (e)	6		00			
7 Gain (loss) from sale of a nonbusiness interest in a p	artnership or LLC. Attach sch $\dots$	7		00			
8 Miscellaneous nonbusiness income (loss). Attach scl	nedule	8		00			
9 Total nonbusiness income (loss). Combine line 2 three	ough line 8			•	9		00
Business Income (Loss) before Apportionment (subject	to a separate apportionment formu	la)		_			
10 Nonunitary partnership or LLC business income (los	s)	10		00			
11 Income (loss) from a separate trade or business. Atta		• 11		00			
12 Business income (loss) deferred from prior years. Se	e General Information L	12		00			
13 Capital gain (loss) netting subject to separate apporti		13		00		1	
14 Total separately apportionable business income (loss				•	14		00
<b>15</b> Tot business inc (loss) subject to apportionment for		sum of In	9 and In 14 from In 1c	• •	15	-7,252,11	
<b>16</b> Interest offset from Schedule R-5, line 7 or line 16 (C					16		00
17 Business income (loss) for this trade or business sul					17	-7,252,11	-
<b>18 a</b> Apportionment percentage from Schedule R-1, Par					18a	18.658	
<b>b</b> Business income (loss) apportioned to California. I					18b	-1,353,16	5 00
Nonbusiness Income (Loss) Allocable to California. If m line 19 through line 26, enter -0- on line 27 and go to Side		ornia, do i	not complete				
<b>19</b> Dividends and interest income (if taxpayer's commer							
	/- /-			•	19a		00
b. Latence the shead of the Base O shares.				•	19b		00
20 Net income (loss) from the rental of property within (					20		00
	·			-	21		00
22 Gain (loss) from the sale of assets within California fi				-			
column (d). Combined reporting groups, see General	Information M			•	22		00
23 Gain (loss) from sale of a nonbusiness interest in a p					23		00
24 Miscellaneous nonbusiness income (loss). Attach scl				•	24		00
25 Total nonbusiness income (loss) allocable to Californ					25		00
26 Interest offset from line 16 allocated to income include	led on line 19a and line 19b (Califo	rnia domic	iliary only).				
See General Information J				. •	26	ļ	00
27 Net nonbusiness income (loss) allocable to California	. Subtract line 26 from line 25			•	27		00

### Case 24-11395 Doc 1 Filed 06/19/24 Page 128 of 316

Nai	ne as shown on your California tax return	SSN, ITIN, FEIN, CA corp no., or CA SOS file no				
QI	LESS INC				3217193	
Cal	ifornia Business Income (Loss) subject to a separate apportionment formula.					
28	California business income (loss) from a nonunitary partnership or LLC	28	00			
29	California income (loss) from a separate trade or business. Attach					
	supplemental schedule R.	29	00			
30	California business income (loss) deferred from prior yrs. See General Information L •	30	00			
31	Total business income (loss) separately apportioned to California. Combine line 28 throug	gh line 30	•	31		00
Net	Income (Loss) for California Purpose					
32	Post-apportioned and allocated amounts from capital gain (loss) netting.					
	See General Information M		•	32		00
33	Net income (loss) for California purposes before contributions adjustment. Combine lines	; 18b, 27, 31, and	32 •	33	-1,353,165	00
34	Contributions adjustment from Schedule R-6, line 15		•	34		00
35	Net income (loss) for California purposes. Combine line 33 and line 34. Enter here and on					
	Form 100W, Side 2, line 18 or Form 100S, Side 2, line 15		•	35	-1,353,165	00

Complete the applicable Schedules R-1 through R-7, starting on Side 3.

### Case 24-11395 Doc 1 Filed 06/19/24 Page 129 of 316

Name as shown on your California tax return

SSN, ITIN, FEIN, CA corp no., or CA SOS file no.

#### QLESS INC

3217193

### Schedule R-1 Apportionment Formula.

Part A Standard Method - Single-Sales Factor Formula. Complete	this part only if the corporation us	es the single-sales factor formula.	
See General Information G and Specific Instructions.	<b>(a)</b> Total within and outside California	<b>(b)</b> Total within California	(c) Percent within California ((b) ÷ (a)) x 100
<ul> <li>1 Sales: Gross receipts, less returns, and allowances <ul> <li>a Sales delivered or shipped to California purchasers.</li> <li>(i) Shipped from outside California</li> <li>(ii) Shipped from within California</li> <li>b Sales shipped from California to: <ul> <li>(i) The United States Government</li> <li>(ii) Purchasers in a state where the taxpayer is not taxable</li> <li>c Total other gross receipts</li> <li>(i) Sales from services</li> <li>(ii) Sales from rental, leasing or licensing of tangible or real property</li> <li>(iv)Sales from other gross receipts</li> </ul> </li> <li>d Sales from partnerships or LLCs treated as partnerships</li> <li>Total sales</li> </ul> </li> <li>2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Schedule R, Side 1, line 18a. See General Information H</li> </ul>	<ul> <li>8,503,223</li> <li>8,503,223</li> </ul>	• 1,564,987 • 21,623 • 1,586,610	• 18.6589%
Part B Three-Factor Formula. Complete this part only if the corporation	uses the three-factor formula. (a) Total within and outside	<b>(b)</b> Total within California	(c) Percent within California
1 Property: Use the average yearly value of owned real and tangible personal property used in the business at original cost. See General Information E. Exclude property not connected with the business and the value of construction in progress. Inventory Buildings Machinery and equipment (including delivery equipment)	California	Total within California	((b) ÷ (a)) x 100
Furniture and fixtures Land Other tangible assets. Attach schedule Rented property used in the business. See General Information E	•	•	• %
<ul> <li>Total property</li> <li>Payroll: Use employee wages, salaries, commissions, and other compensation related to business income. See General Information F.</li> </ul>			
Total payroll         3       Sales: Gross receipts, less returns, and allowances. See General Information G and Specific Instructions         a       Sales delivered or shipped to California purchasers.         (i)       Shipped from outside California         (ii)       Shipped from within California         b       Sales shipped from California to:         (i)       The United States Government         (ii)       Purchasers in a state where the taxpayer is not taxable         c       Total other gross receipts         Total sales       Total sales	•	•	• %
4 Total percent. Add the percentages in col (c)	·		• %
5 Apportionment percentage . Divide line 4 by 3, enter the result here and on Schedule R, Side 1, line 18a. See General Information H			• %

### Case 24-11395 Doc 1 Filed 06/19/24 Page 130 of 316

Name as shown on your California tax return SSN, ITIN,	IN, FEIN, CA corp no., or CA SOS file no.
	17193
Schedule R-2 Sales and General Questionnaire. Attach additional sheets if necessary.	
Describe briefly the nature and location(s) of the California business activities.	
SOFTWARE PUBLISHERS	
2 State the exact title and principal business activity of all joint ventures, partnerships, or LLCs in which the corporation has an interest.	
3 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California wh	where the nurchaser is the
U.S. Government? X Yes No If "No," explain.	
4 Does the California sales figure on Schedule R-1 (or a comparable schedule in a combined report) include all sales shipped from California to	to states in which the
taxpayer is not subject to tax? See General Information G and Specific Instructions. 🛛 Yes 🔲 No 🛛 If "No," explain	
5 a Did the taxpayer use reasonable approximation to assign sales under Schedule R-1, Part A, line 1c (i)-(iv)?	• Yes X No
If "Yes," provide a brief description	Yes X No
If "Yes," provide a brief description of the new method. <b>6</b> Are the nonbusiness items reported on Schedule R, Side 1, line 2 through line 8, and the apportionment factor items reported on Schedule R-	1 traatad consistantly on
	-
all state tax returns filed by the taxpayer? 🛛 🗴 Yes 🦳 No If "No," explain.	
7 Has this corporation or any member of its combined unitary group changed the way income is apportioned or allocated to California from prio	ior year tay raturna?
See General Information I. Yes X No If "Yes," explain.	IUI year lax reluins?
8 Does the California sales figure on Schedule R-1 (or comparable sch in a combined report) include all sales shipped to California destinations	Is? X Yes No
If "No," indicate the name of the selling member and the nature of the sales activity believed to be immune.	
9 Does the California sales figure on Schedule R-1 (or comparable schedule in a combined report) include all sales delivered to customers outsi	side California
which have an ultimate destination in California? $\mathbf{X}$ Yes $\mathbf{N}$ No If "No," explain.	Side Gamornia
Schedule R-3 Net Income (Loss) from the Rental of Nonbusiness Property	
	(C)
Total outside Total within T California California within	<b>(c)</b> Total outside and hin California (a) + (b)
1 Income from rents	
2 Rental deductions	
3 Net income (loss) from rents. Subtract line 2 from line 1. Enter the result here and	
enter column (c) on Side 1, line 4; enter column (b) on Side 1, line 20	
Schedule R-4 Gain (Loss) from the Sale of Nonbusiness Assets	

California sales of nonbusiness assets include transactions involving: (1) real property located in California; (2) tangible personal property, if it had a situs in California at the time of sale, or if the corporation is commercially domiciled in California and not taxable in the state where the property had a situs at the time of sale; and (3) intangible personal property if the corporation's commercial domicile is in California or the income is otherwise allocable to California.

Description of property sold	Real estate and ot	ther tangible assets	Intangibl	Total	
	<b>(a)</b> Gain (loss) from outside California	<b>(b)</b> Gain (loss) from within California	<b>(c)</b> Gain (loss) from outside California	<b>(d)</b> Gain (loss) from within California	(e) Gain (loss) (a) + (b) +(c) + (d)
1	۲	۲	۲	۲	۲
	۲	۲	۲	۲	۲
	۲	۲	۲	۲	۲
<b>2</b> Total gain (loss)	۲	۲	۲	۲	۲
Enter total gain (loss) line 2 column (e) on 9	Side 1 line 6 and enter tot:	al of line 2 columns (b) a	nd (d) on Side 1 line 22		

Enter total gain (loss) line 2, column (e) on Side 1, line 6 and enter total of line 2, columns (b) and (d) on Side 1, line 22.

022

8014224

I

### Case 24-11395 Doc 1 Filed 06/19/24 Page 131 of 316

Name as shown on your Ca	lifornia tax return			SSN, ITIN, FEIN, CA corp no., or CA SOS file no.
QLESS INC				3217193
	omputation of Interest Offset. Complete only if there are entries or	n line 2 and/or line 3	of Schedule R and if S	Schedule R-1 is
re	quired. See General Information J. (California domiciliary only)			
1 Total interest expense	deducted	1		
2 Water's-edge foreign i	nvestment interest offset from Side 1, line 1b	2		
3 Balance. Subtract line	2 from line 1	3		
4 Total interest income (	Form 100 or Form 100W, Side 1, line 4 and Schedule F, line 5a			
and line 5b; or Form 10	00S, Side 1, line 3 and interest income included on Schedule F,			
line 5 or Schedule K, li	ne 4)	4		
5 Nonbusiness interest in	ncome from Side 1, line 3	5		
6 Business interest incor	me. Subtract line 5 from line 4			6
7 Excess interest expens	e over business interest income. Subtract line 6 from line 3. If line			
and on Side 1, line 16,	and do not complete the rest of this schedule	· <u></u>		7
8 Total dividend income		8		
9 Deducted dividends fro	om Form 100, Side 2, lines 10 and 11; Form 100W, Side 2,			
lines 10 and 11a/b; or	Form 100S, Side 2, lines 9 and 10	9		
10 Net dividend income. S	Subtract line 9 from line 8			10
11 Business dividend inco	ome	11		
12 Deducted dividends from	om Form 100, Side 2, lines 10 and 11; Form 100W, Side 2, lines			
10 and 11a/b; or Form	100S, Side 2, lines 9 and 10, attributable to business			
dividend income		12		
13 Net business dividend	income. Subtract line 12 from line 11			13
	end income. Subtract line 13 from line 10			14
15 Total nonbusiness inte	rest and dividend income. Add line 5 and line 14		·····	15
16 Enter the lesser of line	7 or line 15. Enter here and on Side 1, line 16			16

If interest and/or dividend income is reported on Side 1, line 19a or line 19b, enter the allocable portion of Schedule R-5, line 16 on Side 1, line 26. See General Information J. If no interest or dividend income is reported on Side 1, line 19a or line 19b, **do not** deduct any interest expense on Side 1, line 26.

<u>Sc</u>	Hedule R-6 Contributions Adjustment. See General Information N.			
1	Total contributions paid (current year and carryover amount)		1	
	Net income (loss) after state adjustments from Side 1, line 1c		2	
3	Portion of dividends deductible under R&TC Sections 24410 and 24411 (from Form 100, Side 2, line 11;			
	Form 100W, lines 11a/b; or Form 100S, lines 9 and 10), and other adjustments. See General Information N	. L	3	
4	Contributions deducted on Form 100, Form 100W, or Form 100S		4	
5	Total. Add line 2 through line 4. If zero or less, enter -0-		5	
6	Multiply line 5 by 10% (.10)		6	
7	Net income (loss) for state purposes before contributions adjustment from Side 2, line 33	. L	7	
8	Business dividends deductible on line 3 multiplied by the average apportionment percentage from Schedule R-1,			
	Part A, line 2 or Part B, line 5		8	
9	Amount of line 3 attributable to nonbusiness dividends reported on Side 1, line 19a	L	9	
10	Contributions deducted (from line 4 above) multiplied by the average apportionment percentage from Schedule R-1,			
	Part A, line 2 or Part B, line 5		10	
11	Total. Add line 7 through line 10. If zero or less, enter -0-		11	
12	Multiply line 11 by 10% (.10)		12	
	tributions Adjustment			
13	Enter the amount shown on line 10		13	
	Amount of contributions allowable:			
	a If line 1 equals or exceeds line 6, enter the lesser of line 1 or line 12		14a	
	<b>b</b> If line 1 is less than line 6, divide line 11 by line 5. Then multiply line 1 by the result and enter here	. L	14b	
15	Contributions adjustment. Subtract line 14a or line 14b from line 13. Enter here and on Side 2, line 34.			
	If the result is a negative amount, enter in brackets	◉∟	15	

TAXABLE YEAR <b>2022</b>	Case 24-11395 Doc 1 Filed 06/19/24 Page 132 of 316 Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations	CALIFORNIA FORM
Attach to Form 100, For	m 100W, Form 100S, or Form 109.	
Corporation name		California corporation number
	the corporation incurred the NOL, the corporation was $a(n)$ : $\odot$ X C corporation	3217193 FEIN 27-1155885
	Exempt organization     Exempt organization     Exempt organization     Exempt organization	
In the corporation previo	usly filed California tax returns under another corporate name, enter the corporation name and California corpora	llion number:
If the corporation is incl	luded in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.	
Part I Current year N	OL. If the corporation does not have a current year NOL, go to Part II.	
1 Net loss from Form	100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.	

	Enter as a positive number		1		1,353,165	00
2	2022 disaster loss included in line 1. Enter as a positive number		2			00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions		3		1,353,165	00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a	00			
	<b>b</b> Enter the amount of the loss incurred by an eligible small business included in line 3	4b	00			
	c Add line 4a and line 4b		4	c		00
5	General NOL. Subtract line 4c from line 3		5	;	1,353,165	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions		. 🖲 6	;	1,353,165	00
				_		

Part II NOL carryover and disaster loss carryover limitations. See instructions.			
		(g) Available balance	
1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16;			
or Form 109, line 2; (but not less than -0-).	ullet	0	
Prior Vegr NOL 8			

Prior Yea	r NULS						
(a) Year loss	of Code - See	(c) Type of NOL - See below <b>*</b>	<b>(d)</b> Initial loss - See instructions	<b>(e)</b> Carryover from 2021	(f) Amount used in 2022		<b>(h)</b> Carryover to 2023 col. (e) minus col. (f)
2 🖲			SEE S	TATEMENT 13 •			۲
۲				۲			۲
۲				۲			•
۲				۲			۲
Current Y	ear NOLs						
3 2022		DIS					col. (d) minus col. (f) See instructions.
4 2022		GEN	1,353,165				1,353,165
2022							
2022							
2022							
	```	/.	(NB), Eligible Small Busi	ness (ESB), or Disaster (E	DIS).		
	2022 NOL deduction						
	the amounts in Par					• 1	00
				ryover deduction here and	d on Form 100, line 21;		
	. ,		9. Form 109 filers enter -			2	00
0 Cub+	raat lina 0 fram lina	1 Enter the reau	It have and an Farm 100	line 10: Form 100W/ line	10. Form 1000		

3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7 \_\_\_\_\_ 3 \_\_\_\_

022

Case 24-11395	Doc 1	Filed 06/19/24	Page 133 of 316

#### TAXABLE YEAR Corporation Depreciation and Amortization 2022

27-1155885 CALIFORNIA FORM 3885

Attach to Form	100	or	Form	100W.
Corporation na	me			

California corporation number

3	2	1	7	1	9	3	
---	---	---	---	---	---	---	--

QLESS INC										3	217193		
Part I Election To Expense Certain Pro	perty Under IRC Se	ection 179											
1 Maximum deduction under IRC Section	on 179 for Californi	a								1		\$25,000	
2 Total cost of IRC Section 179 propert										2	1	11,006	
3 Threshold cost of IRC Section 179 pr	operty before reduc	ction in limitatio	n						[	3 \$200,000			
4 Reduction in limitation. Subtract line	3 from line 2. If zer	3 from line 2. If zero or less, enter -O-							[	4			
5 Dollar limitation for taxable year. Sub										5			
(a) Description	of property		(b) Cost (b	usiness use o	nly)	(0	) Elected	cost					
6													
7 Listed property (elected IRC Section	179 cost)					. 7							
8 Total elected cost of IRC Section 179	property. Add amo	unts in column	(c), line 6 and	line 7					[	8			
9 Tentative deduction. Enter the smalle	<b>r</b> of line 5 or line 8									9			
10 Carryover of disallowed deduction from										10			
11 Business income limitation. Enter the										11			
12 IRC Section 179 expense deduction.	Add line 9 and line	10, but do not e	enter more tha	n line 11						12		0	
13 Carryover of disallowed deduction to	2023. Add line 9 ar	nd line 10, less l	ine 12			. 13							
Part II Depreciation and Election of Ad	ditional First Year	Depreciation D	eduction Und	er R&TC Sect	ion 24	356							
(a) (b) Description of property Date acq (mm/dd/	uired Co	<b>(c)</b> ist or r basis	<b>(d</b> Depreciation allowable in e	allowed or	Depr	(e) reciation ethod	(f) Life rate	or		) Depre for th	( <b>g)</b> eciation his year	(h) Additional first year depreciation	
14 SEE STATEMENT 1	.4												
15 Add the amounts in column (g) and c	olumn (h). The tota	al of column (h)	may not exce	ed \$2,000.									
See instructions for line 14, column (	. ,	. ,	-					15			89,191		
Part III Summary												•	
16 Total: If the corporation is electing: IRC Section 179 expense, add the am Additional first year depreciation und Depreciation (if no election is made),	er R&TC Section 24 enter the amount f	1356, add the an rom line 15, coli	nounts on line umn (g)							16		89,191	
17 Total depreciation claimed for federal										17		37,803	
18 Depreciation adjustment. If line 17 is	•	•											
If line 17 is less than line 16, enter th					•		•					F1 200	
amounts are used to determine net in	come before state	adjustments on	Form 100 or F	<sup>-</sup> orm 100W, n	o adju	stment i	s necessa	ry.)		18		51,388	
Part IV Amortization							(0)						
(a) Description of property	<b>(b)</b> Date acquired (mm/dd/yyyy)	( <b>c</b> Cost other I	t or	() Amortizatio allowable in			(e) R&TC Sectior (see instruction		(f) eriod ercent		() Amort for thi	ization	
19													
${\bf 20}$ Total. Add the amounts in column (g)										20			
21 Total amortization claimed for federal										21	1	05,018	
$\label{eq:22} \textbf{Amortization adjustment. If line 21 is}$	-										-		
Side 1, line 6. If line 21 is less than lin	<u>ne 20, enter the diff</u>	erence here and	<u>d on Form 100</u>	or Form 100V	N, Side	e 2, line	12	<u></u>		22	-1	05,018	

7621224

022

FTB 3885 2022

022 Date Accepted DO NOT MAIL THIS FORM TO THE FTB

Tax due (Form 100, line 39; Form 1005, line 40; Form 1000, line 41; Form 1000, line 37 or form 1000, line 20     Tore tays and the form 100, line 40; Form 1000, line 41; Form 1000, line 37 or form 1000, line 20     Tore tays and the form the councel telectronically for Taxable Year 2022     Tore to avoid the form working and 12 a norm     Tore the councel telectronically for Taxable Year 2023     The telectronical Year     Tax Year 4 The Tax Payment     To Year 4 and Year     Tax Year 4 The Tax Payment     Tax Year 4 and Year     Tax Year 4 The Tax Payment     Tax Year	TAXABLE YE <b>2022</b>	AR	Californ	ia e-file R	eturn Auth	orizati	on f	or Co	rpo	ratio	ns	8	FORM <b>3453-C</b>
Part 1       Tax Return Information (whole collars only)         1       Total income (Form 100, line 9; Form 1005, line 2; Form 1000, line 9 or Form 1000, line 10)       1       -4, 859; 7         2       Taxable income (Form 100, line 30; Form 1005, line 40; Form 1000, line 30 or Form 1000, line 10)       3       1         3       Total tax (Form 100, line 30; Form 1005, line 40; Form 1000, line 50 or Form 1000, line 10)       3       1         4       Tax due (Form 100, line 30; Form 1005, line 40; Form 1000, line 50 or Form 1000, line 20; 5       5       1         7       Depretorize intervision 1000, line 40; Form 1000, line 40; Form 1000, line 50; for Form 1000, line 50; for Form 1000, line 50; for Ho current amount the corporation over 70; Form 1000, line 40; Form 1000, line 40; Form 1000, line 50; for Ho current amount the corporation over 70; Form 100, line 40; Form 1000, line 50; for Ho current amount the corporation over 70; Form 100, line 40; Form 40; Form 100; Form 40; Form 100; Form 40; Fo	•								-		CA SOS	a Corporation No file no., or FEIN	
1       Total tack/emerican											321	7193	
2 Taxable income (Form 100, line 22; Form 1005, line 20; Form 100V, line 10) 3 Total tax (Form 100, line 30; Form 1005, line 41; Form 100W, line 30 or Form 100X, line 10) 4 Tax due (Form 100, line 40; Form 1005, line 41; Form 100W, line 30 or Form 100X, line 28) 5 Overpayment (Form 100, line 40; Form 1005, line 41; Form 100W, line 37 or Form 100X, line 28) 5 Overpayment (Form 100, line 40; Form 1005, line 41; Form 100W, line 37 or Form 100X, line 28) 5 Overpayment (Form 100, line 40; Form 1005, line 41; Form 100W, line 37 or Form 100X, line 28) 5 Overpayment (Form 100, line 40; Form 1005, line 41; Form 100W, line 37 or Form 100X, line 28) 5 Overpayment (Form 100, line 40; Form 1005, line 41; Form 100W, line 37 or Form 100X, line 28) 5 Overpayment (Form 100, line 40; Form 100, line 40; Form 100, line 40; Form 100, line 40; Form 100, line 28; Form 100, line 40; Form 40; Fo				•••		- (00)							
3 Tota Lax (Form 100, line 30, Form 1005, line 40; Form 100W, line 30 or Form 100X, line 21)       3         4 Tax due (Form 100, line 40; Form 100S, line 41; Form 100W, line 37 or Form 100X, line 22)       5         5 Depayment (Form 100, line 40; Form 100K, line 41; Form 100W, line 37 or Form 100X, line 22)       5         6 Det depayed rules of the day of Forms 50, line 30, form 100X, line 21)       5         7 This Schedule of Estimated Tax Payments for Taxable Year 2022       6         6 Part III Schedule of Estimated Tax Payments for Taxable Year 2023       10         9 Withdrawal Date       First Payment       Second Payment       Third Payment Form 100K, line 40; Form 100K, line 41; Fork Payment For Taxable Year 2023         9 Withdrawal Date       12       Ype of account:       Checking       Savinge         9 Withdrawal Date       12       Ype of account:       Checking       Savinge         9 Withdrawal Date       12       Ype of account:       Checking       Savinge         9 Withdrawal Date       12       Ype of account:       Checking       Savinge         11 Account number       12       Type of account with fave sout verified the active at the								)			1		353 16
Tax due (Form 100, line 39; Form 1005, line 40; Form 1000, line 37 or form 1000, line 27 or form 1000, line 23     Series development (Form 100, line 40; Form 1000, line 41; Form 1000, line 37 or form 1000, line 23     Dece develop endedpet forms too; tits and toxy only     Dece develop endedpet forms too; tits and toxy only     To work on work and To a none      First Payment      Second Payment      To work on work and To a none      First Payment      Second Payment      Third Payment      First Payment      Second Payment      To work on work and To a none      First Payment      Second Payment      Third Payment      Payment      Second Payment      Second Payment      Third Payment      Second Payment      Second Payment      Second Payment      Third Payment      Second Payment      Second      Second Payment      Second      Second	2 Taxable 3 Total ta	v (Eorm 1	(FOITH TOO, IIITe 2	2, FUIII 1003, III n 1005 line 30 <sup>.</sup> E	orm 100W line 30 o	10 22 01 F01 r Eorm 100	( line 10						
Some payment (From 100), line 40; Form 1000, line 41; Form 100W, line 37 or Form 100X, line 28)     Some payment (Form 100, line 40; Form 100, line 40; Form 100W, line 37 or Form 100X, line 28)     Some payment (Form 100, line 40; Form 100, line 40; Form 100W, line 37 or Form 100X, line 28)     Some payment (Form 100, line 40; Form 100, line 40; Form 100W, line 37 or Form 100X, line 28)     Some payment (Form 100, line 40; Form 100, line 40; Form 100W, line 37 or Form 100X, line 28)     Some payment (Form 100, line 40; Form 100, line 40; Form 100W, line 37 or Form 100X, line 28)     Some payment (Form 100, line 40; Form 100, line 40; Form 100W, line 37 or Form 100X, line 28)     Some payment (Form 100, line 40; Form 100, line 40; Form 100W, line 37 or Form 100X, line 28)     Some payment (Form 100, line 40; Form 100, line 40; Form 100W, line 37 or Form 100X, line 28)     Some payment (Form 100, line 40; Form 100, line 40; Form 100W, line 37 or Form 100X, line 28)     Some payment (Form 100, line 40; Form 100, line 40; Form 100W, line 37 or Form 100X, line 28)     Some payment (Form 100, line 40; Form 100, line 40; Form 100, line 40; Form 100W, line 37 or Form 100V, line 37 or Form 100V, line 30; Form		-											
Part II       Settle the Account Electronicality for Taxable Year 2022         Image: Settle the Account Electronicality for Taxable Year 2023       To Windeawal acte (mmiddityy)         Part II       Schedule of Estimated Tax Payments for Taxable Year 2023       (Thesa are NUT installment payments for the current amount the corporation or payment         9       Withdrawal Date       Fourth Payment       Fourth Payment         9       Withdrawal Date       Payment       Fourth Payment         9       Withdrawal Date       Payment       Second Payment       Third Payment         10       Roting number       12       Type of account       Checking       Savings         2nt IV       Banking Information (Have you verified the corporation's banking information?)       10       Roting number       12       Type of account       Checking       Savings         2nt Account number       11       Account number       12       Type of account       Checking       Savings         2nt Account number       11       Account number       12       Type of account       The direct depose account is the direct depose account is the anomal state on my return. If 1 check Part II, box 7, 1 declare that the bank account specified in Part IV for the direct depose intermediate state of the anomal state of the account in the anomole specified in Part IV.       No								1			_		80
Top       Top       Windows data (ministrym)         Part III       Schedule of Estimated Tax Payments for Taxable Year 2023 (These are NOT installment payments for the current amount the corporation of year NOT installment payments for the current amount the corporation of year NOT installment payment       Fourth Payment         8. Amount								,					
Part III       Schedule of Estimated Tax Payments for Taxable Year 2023 (These are NOT installment payments for the current amount the corporation ow         8       Amount       First Payment       Second Paymant       Third Payment       Fourth Payment         9       Withdrawal Date       Payment       Fourth Payment       Fourth Payment       Fourth Payment         9       Withdrawal Date       12       Type of account:       Checking       Savings         9       Withdrawal Date       12       Type of account:       Checking       Savings         9       Withdrawal Date       12       Type of account:       Checking       Savings         9       Withdrawal Date       12       Type of account:       Checking       Savings         9       Withdrawal Date       14       Type of account:       Checking       Savings         9       Withdrawal Date       14       Type of account:       Checking in Part II Nor he direct depose         9       Withdrawal Date       14       Type of account:       Checking in Part II Nor he direct depose         9       Withdrawal Date       14       Type of account:       Checking in Part II Nor he direct depose         9       Withdrawal Date       14       Type of account:       Checking in Part II Nor he di	6 Dire	ect deposit c	of refund (For Forms 1	00, 100S, and 100W onl	y.)								
First Payment         Second Payment         Third Payment         Fourth Payment           8 Amount         9         Withdrawal Date         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9         9													
a Amount b Withdrawal Date b	Part III So	hedule o	1			-	)T install				ent amo		
9 Withdrawal Date Part W Banking Information (Have you verified the corporation's banking information') 10 Pocuting number 11 Account number 12 Type of account: Checking Savings Part W Declaration of Officer 20 Port Declaration of Declaration of Port I alvo sage with the aunous in the corporation sing labelance due return, I understand that if the 20 Port Declaration of Electronic return of officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmit 21 Port Declaration of Electronic return and accompanying schedules and statements be transmitted to the TB by the ERO, transmitter, or intermediate service provider the 22 Port Declaration of Electronic Return Originator (ERO) and Paid Preparer. 23 Port Declaration of Electronic Return Originator (ERO) and Paid Preparer. 24 Port Declaration of Electronic Return Originator (ERO) and Paid Preparer. 24 Port Declaration of Pictronic Return Originator (ERO) and Paid Preparer. 24 Port Declaration of Pictronic Return Originator (ERO) and Paid Preparer. 24 Port Declaration of Pictronic Return Originator (ERO) and Paid Preparer. 24 Port Declaration of Pictronic Return Originator (ERO) and Paid Preparer. 24 Port Declaration of Pictronic Return Originator (ERO) and Paid Preparer. 24 Port Declaration of Pictronic Return Originator (ERO) and Paid Preparer. 24 Port Declaration based on al information that 1 ann ot resprosible for reviewing t			First F	ayment	Second Payr	nent		Third Pa	yment			Fourth Pay	/ment
Part IV       Banking Information (Have you verified the corporation's banking information?)         10       Routing number       12       Type of account       Checking       Savings         Part V       Declaration of Officer       12       Type of account       Checking       Savings         Part V       Declaration of Officer       12       Type of account       The amount sited on my return. If I check Part II, box 6, I declare that the bank account specified in Part IV.         Inder penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmit in intermediate service provider and the amounts in Part I above agree with the automation that the information I provided to my electronic return originator (ERO), transmit in intermediate service provider and the amounts on the corporation is filling a balance due return, I understand that I the ranches Tax Board (FB) does not receive hull and timely payment of the corporation is transmitted to the FTB by the ERO, transmitter, or intermediate envice provider. If the processing of the corporation's return and accompanying schedules and statements be transmitter, or intermediate envice provider. If the processing of the corporation's return and that the entires on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am my an intermediate service provider), understand that I am not responsible for reviewing the corporation's return of the state when the return I have balance the coupate of file of balance, nowere, mat form FTB 8452-C accurate filects the data on the return.) The doband the coupate of files' splangarue on form FTB 8453-C are complete and correct to the best of													
00 Routing number       12 Type of account:       Checking       Savings         11 Account number       12 Type of account:       Checking       Savings         authorize the corporate account to be settled as designated in Part II. If I check Part II, box 6, 1 decirer that the bank account specified in Part IV for the direct depose defined agrees with the authorization asted on ny return. If I check Part II, box 7, 1 authorize an electronic funds withdrawal for the amount listed on line 7 and any stimated payment amounts listed on Part III.       Inter part 1 above agree with the authorization on the corporation specified in Part IV.         Inder penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO) transmiting intermediate set of my knowledge and belief, the corporation set unt or return is true, correct, and complete. If the corporation site corporation set unt or return is true, or credit is delayed, I authorize the FTB to be the TB by the ERO, transmitter, or intermediate service provider the corporation set unt or return is delayed, I authorize the FTB to disclose to the FTB by the ERO, transmitter, or intermediate service provider the deave when the refund was sent.         Sign       Signature of officer       Signature of officer       Signature of officer         Act VI       Declaration of Electronic Return Originator (ERO) and Paid Preparer.       SENIOR DIRECTOR         The       The       The       Signature of officer's signature on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am mit van intermediate service provider that I am on tresponable for th			formation (Hov	vou vorified the	corporation's bankin	a informatio	n2)						
11 Account number       12 Type of account:       Checking       Savings         Part M       Declaration of Officer       Savings         standhorze the corporate account be settled as designated in Part II. H1 check Part II, box 6, 1 declare that the bank account specified in Part IV for the direct deposition of part in the automic stated on my return. II check Part II, box 7, 1 authorize an electronic funds withdrawal for the annual is lated on line 7 and any stimated payment annuals listed on Part III. Here Part II. Deck Part II, box 7, 1 authorize an electronic funds withdrawal for the annual is lated on the Part II.         Inder penalties of parityr, 1 declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERD), tansmit runner methods and paratice partice partice and the annuals in Turn 1 above argene with the annuals on the corporation will remain liable for the tax liability and all applicit terest and panalties. I authorize the corporation is return and accompanying schedules and statements be transmitted to the FIB by the ERO, transmitter, or intermediate service provider the deave of the corporation is return and that the entries on form FIB 8453-C are complete and correct to the best of my knowledge. (If I am not incomposite life traviewing the corporation's return and that I am on responsible for requirements elsectronic return of the FIB by the ERO, transmitter, 2022         Signature of officer       Date       SENIOR DIRECTOR         The       The       Senior FIB 8453-C are complete and correct to the best of my knowledge. (If I am not responsible for requirements escence of ring FIB 8453-C accurate for requirements descrice in FIF 8453-C. C accurate feets the data on the return.) Howe			Iornation (nave	e you vermed the	corporation 3 bankin	ginomatic	····;)						
Part V       Declaration of Officer         authorize the corporate account to be settled as designated in Part II. If Check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposition dares with the authorization stated on my return. If Check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7 and any stimule daponent amounts listed on Part III. If Check Part II, box 7, I authorize an electronic funds withdrawal for the amount sized on line 7 and any stimule daponent amounts listed on Part III. If Check Part II, box 7, I authorize an electronic funds withdrawal for the amount sized on line 7 and any stimule daponent amounts in the amounts on the corporation or seture is revice provider and the amounts on the corporation or seture is revice. provider and the amounts is tax loadily and all applies for the above corporations return is revice. provider is tax liability, the corporation or seture is return and accompanying schedules and statements be transmitted to the FIB by the ERO, transmitter, or intermediate service provider the eason(s) for the delay or the date when the refund was sent.         Signature of officer       Date       SENIOR DIRECTOR         Part V       Declaration of Electronic Return Originator (ERO) and Pald Preparer.         declare that I have officers and that I have not requires the advice the requires date date date date the electronic Return Originator (ERO) and Pald Preparer.         declare that I have of the corporation is return and that the entries on form FIB 8453. Can complete and correct to the best of my knowledge. (If I am not responsible for reviewing the corporation's return is Intermediate service provider. I understand that I am not responsible for reviewing the paid preparet unded sescribed in FIP 4ba. 5	Ũ					<b>12</b> T	ne of a	count:		hecking		Savings	
authorize the corporate account to be setted as designated in Part II. II Check Part II, box 6, I declare that the bank account specified in Part IV for the direct depose with the authorize and electronic funds withdrawal for the amount listed on line 7a and any stimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV. Inder penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmittrin intermediate service provide rul the authorize the corporation's return is true, correct, and complete, If the corporation's rule its liability, and all applicit the seconds of the corporation's rate liability, and all applicit the seconds of the corporation's rate liability, and all applicit the seconds of the corporation's rate liability, and all applicit the seconds of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the econds of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the eason(s) for the delay or the date when the refund was sent.  Sign   Signature of officer  The  Signature of officer  Signature of officer  Control Electronic Return Originator (ERO) and Paid Preparer.  The  Signature of officer provider, I understand that I am office on the TB 8453-C are complete and correct to the best of my knowledge. (If I am n) and information that I will file with the FTB, and I have followed all other terrun to FTB 1FB to the fTB web to observe the originator of form FTB 8453-C caccutate that I have reviewed the above corporation is return or TFB 8453-C are complete and correct to the best of my knowledge. (If I am n) and information that I will file with the FTB, and I have followed all other eturn of the date to corporate of files C on the return (I) have baix office form FTB 8453-C caccutate that I have reviewed the above corporation			of Officer			12 1				neoning			
declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am my an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurate the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB in have provided the corporation's return and accompanying schedules and statements, and to the requirements described in FTB Pub. 1345, 2022         andbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for four years from the due date of the return or four years from the date the corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complemate this declaration based on all information of which I have knowledge.         ERO'S signature       Coheck if also paid       Check if also paid       Check if also paid       ERO'S PTIN         ********       Signature       COHNREZNICK LLP       Date       Check if also paid       ERO'S PTIN         *********       Signature       COHNREZNICK LLP       Firm's name (or yours if self-employed)       ERO'S PTIN       ********         Signature       COHNREZNICK LLP       Odd P       Odd P       Primes PEIN 22-147809       ZiP code         Address       COHNREZNICK LLP       Theseffee       Poid preparer's PTIN       <	r intermediat o the best of ranchise Tax iterest and pe ervice provid cason(s) for Sign	e service p my knowle Board (FTI enalties. I a er. If the p the delay	rovider and the ar edge and belief, th B) does not receiv authorize the corpo rocessing of the c or the date when t	nounts in Part I abo e corporation's retur e full and timely pay pration return and ac corporation's return	ve agree with the amou rn is true, correct, and ment of the corporatio ccompanying schedule: or refund is delayed, -	nts on the co complete. If th n's tax liability and stateme <b>authorize th</b>	rrespond he corpol ,, the cor nts be tra e FTB to	ing lines of ration is filir poration wi ansmitted to <b>disclose to</b>	the co ng a ba Il rema o the F <sup>-</sup> <b>the EF</b>	rporation's lance due in liable fo TB by the l <b>{O or inter</b>	s 2022 return, or the ta ERO, tr	California inco I understand t Ix liability and ansmitter, or ii	me tax return hat if the all applicable ntermediate
declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C are complete and correct to the best of my knowledge. (If I am nly an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurate effects the data on the return.) I have obtained the corporate officer signature on form FTB 8453-C before transmitting this return to the FTB, I have provided the orporate officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022         landbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for four years from the due date of the return or four years from the date the corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complemate this declaration based on all information of which I have knowledge.         ERON       Enors       Check if also paid       Check if also paid       Check if also paid       Enors PTIN         signature       Firm's name (or yours if self-enployed) and address       COHNREZNICK LLP       Date       Check if also paid       Enors PTIN         file endless       COHNREZNICK LLP       To / 08 / 23       Check if also paid       Enors PTIN       Enors PTIN         signature       COHNREZNICK LLP       Coheck if also paid       Check if also paid       Enors PTIN       Enors PTIN         file entry or yours       COHNREZNICK LLP       Firm''s name (or yours if self-employed)													
nly an intermediate service provider, I understand that I am not responsible for reviewing the corporation's return. I declare, however, that form FTB 8453-C accurate effects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer's signature on form FTB 8453-C accurate effects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C accurate of the return or four years from the due date of the return or four years from the date the corporation that I will file with the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have knowledge and belief, they are true, correct, and complex and book for Authorized e-file Providers. LLP	art VI De	claration	n of Electronic l	Return Originato	r (ERO) and Paid Pr	eparer.							
Fignature       COHNREZNICK LLP       10/08/23       also paid preparer       if self-employed is self-employed is self-employed is self-employed in address       *******         Signature       Firm's name (or yours is self-employed) and address       COHNREZNICK LLP       Firm's FEIN 22-147809         Firm's name (or yours is eff-employed) and address       COHNREZNICK LLP       Firm's FEIN 22-147809         Jong and address       Date       Signature         Paid preparer's signature       Date       Check if self-employed         Signature       Date       Check if self-employed       Paid preparer's PTIN         Prim's rame (or yours if self-employed) and address       Signature       Firm's FEIN       ZIP code	only an interm reflects the da corporate offic Handbook for return is filed, examined the a	ediate serv ta on the r er with a c Authorizec whichever above corp	vice provider, I une eturn.) I have obta copy of all forms a d e-file Providers. I is later, and I will poration's return a	Jerstand that I am n ined the corporate c nd information that will keep form FTB make a copy availat nd accompanying so	ot responsible for revie officer's signature on fo I will file with the FTB, 8453-C on file for <b>four</b> ble to the FTB upon req chedules and statement	wing the corp rm FTB 8453 and I have fol years from tl uest. If I am a	ooration's -C before lowed all ne due da also the p	s return. I d transmittir other requi te of the re aid prepare	eclare, ng this iremen turn or er, unde	however, return to t ts describe <b>four</b> year er penalties	that for he FTB ed in F1 s from s of per	m FTB 8453-C ; I have provide TB Pub. 1345, the date the co jury, I declare	accurately ed the 2022 orporation that I have
ERO Must Sign       signature       COHNREZNICK LLP       10/08/23       also paid preparer       f self- employed       if self- employed	ERO	's				Date						ERO's PTIN	
Sign       if self-employed and address       ZIP code         2IP code       90017         Inder penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowled nd belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.       Date       Check if self- employed       Paid preparer's PTIN         Preparer       Must Signature       Darrin JAMES       Firm's name (or yours if self-employed) and address       Firm's rEIN	- *	turo	OHNREZNI	CK LLP		10/0	8/23	also paid preparer	X		ed 🗌	****	* * * * * *
Sign and address       707 WILSHIRE BLVD, STE 4950       ZIP code         LOS ANGELES, CA       90017         Inder penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowled ind belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.       Paid         Paid       Paid       Paid       Paid preparer's PTIN         Must       Sign       DARIN JAMES       Paid preparer's PTIN         Firm's name (or yours if self-employed) and address       Image: Sign of the self self self self self self self sel	if col		ours COHN	REZNICK I	LP						Firm's	FEIN $22 - 14$	478099
Inder penalties of perjury, I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowled in declaration based on all information of which I have knowledge.         Paid Preparer's signature       Paid preparer's PTIN         Paid Preparer's signature       DARIN JAMES         Firm's name (or yours if self-employed) and address       Firm's FEIN         ZIP code       ZIP code	Sign and a		-			4950					ZIP co		7
Preparer's signature     DARIN JAMES     if self- employed       Must Sign     Firm's name (or yours if self-employed) and address     Firm's FEIN			ry, I declare that I I	nave examined the a	bove corporation's retu					atements,	and to		
Must if self-employed) and address     Firm's FEIN       ZIP code		preparer's		TAMEC			Date		if self-			aid preparer's PT	IN
Sign if self-employed) and address ZIP code	-			GUINA 0					1 empio	yeu [		EEINI	
		if self-emp	oloyed)										
	Sign	and addre	55 🔽								217 000		
FTB 8453-C												FTB	8453-C 202

239101 12-01-22

### Case 24-11395 Doc 1 Filed 06/19/24 Page 135 of 316

#### STATE ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	ACE Cost Or Basis	Regular Depreciation	AMT Depreciation	ACE Depreciation
8	EQUIPMENT	052016			1,981.	1,132.	1,981.	749.	566.	566.
9	EQUIPMENT	052016			1,778.	611.	1,778.	672.	778.	778.
10	EQUIPMENT	080316			614.	211.	614.	232.	269.	269.
11	EQUIPMENT	091916			576.	198.	576.	217.	252.	252.
	EQUIPMENT	081216	150DB	7.00	4,094.	1,407.	4,094.	1,547.	1,791.	1,791.
13	FURNITURE	013016	150DB	7.00	681.	234.	681.	258.	298.	298.
14	FURNITURE	031916			945.	325.	945.	357.	413.	413.
15	COMPUTER EQUIPMENT	070117			14,003.	4,985.	14,003.	7,404.	9,018.	9,018.
16	COMPUTER EQUIPMENT	012518			1,948.	0.	1,948.	1,299.	584.	584.
17	COMPUTER EQUIPMENT	020618			2,317.	0.	2,317.	1,545.	695.	695.
18	COMPUTER EQUIPMENT	030818			1,728.	0.	1,728.	1,152.	518.	518.
19	COMPUTER EQUIPMENT	060518			1,142.	0.	1,142.	761.	343.	343.
20	COMPUTER EQUIPMENT	062218	150DB	5.00	1,976.	0.	1,976.	1,317.	593.	593.
21	COMPUTER EQUIPMENT	122818	150DB	5.00	3,771.	0.	3,771.	2,514.	1,131.	1,131.
22	COMPUTER EQUIPMENT	102518	150DB	5.00	6,834.	0.	6,834.	4,556.	2,050.	2,050.
23	FURNITURE	010918	150DB	7.00	9,119.	0.	9,119.	2,605.	1,954.	1,954.
24	FURNITURE	021018	150DB	7.00	2,091.	0.	2,091.	597.	448.	448.
25	FURNITURE	061118	150DB	7.00	3,252.	0.	3,252.	929.	697.	697.
26	FURNITURE	083018	150DB	7.00	9,347.	0.	9,347.	2,671.	2,003.	2,003.
27	COMPUTER EQUIPMENT	013019	150DB	5.00	2,410.	0.	2,410.	964.	723.	723.
28	COMPUTER EQUIPMENT	020319	150DB	5.00	4,275.	0.	4,275.	1,710.	1,283.	1,283.
29	COMPUTER EQUIPMENT	022619	150DB	5.00	1,649.	0.	1,649.	660.	495.	495.
30	COMPUTER EQUIPMENT	030519	150DB	5.00	4,173.	0.	4,173.	1,669.	1,252.	1,252.
31	COMPUTER EQUIPMENT	052119	150DB	5.00	3,060.	0.	3,060.	1,224.	918.	918.
32	COMPUTER EQUIPMENT	110219			2,431.	0.	2,431.	972.	729.	729.
	COMPUTER EQUIPMENT	110719			2,532.	Ο.	2,532.	1,013.	760.	760.
34	COMPUTER EQUIPMENT	121019			1,499.	0.	1,499.	600.	450.	450.
35	COMPUTER EQUIPMENT	121019	150DB	5.00	2,933.	0.	2,933.	1,173.	880.	880.
	COMPUTER EQUIPMENT	012319			5,135.	0.	5,135.	2,054.	1,541.	1,541.
37	COMPUTER EQUIPMENT	032719			1,219.	0.	1,219.	488.	366.	366.
	COMPUTER EQUIPMENT	052419	150DB	5.00	3,324.	0.	3,324.	1,330.	997.	997.
	COMPUTER EQUIPMENT	060519	150DB	5.00	2,698.	0.	2,698.	1,079.	809.	809.
40	COMPUTER EQUIPMENT	061319			2,899.	0.	2,899.	1,160.	870.	870.
41	COMPUTER EQUIPMENT	062919	150DB	5.00	2,037.	0.	2,037.	815.	611.	611.

228108 04-01-22 Case 24-11395 Doc 1 Filed 06/19/24 Page 136 of 316

QLESS, INC.

27-1155885

FORM 100/100W OTHER ADDITIONS	STATEMENT 1
DESCRIPTION	AMOUNT
DISALLOWED AMOUNT OF IRS 100% BUSINESS MEALS EXPENSE	23,741.
TOTAL TO FORM 100/100W, OTHER ADDITIONS	23,741.

FORM 100/100W	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
SECTION 174 CAPITALIZATION		2,340,970.
TOTAL TO FORM 100/100W, OTHER	DEDUCTIONS	2,340,970.

FORM 100/100W, SCHEDULE A	A TAXES DEDUCTED		STATEMENT 3
(A) NATURE OF TAX AND (	(B) TAXING AUTHORITY	(C) TOTAL TAXES	(D) NONDED AMOUNT
FRANCHISE TAXES		2,381.	
OTHER TAXES		24,336.	
PAYROLL TAXES		338,504.	
OTHER	ARIZONA	50.	
OTHER	CALIFORNIA	800.	
OTHER	D.C.	250.	
OTHER	IDAHO	30.	
OTHER	MASSACHUSETTS	456.	
OTHER	NEW JERSEY	750.	
OTHER	OREGON	150.	
OTHER	TEXAS	2,500.	
TOTAL TO FORM 100/100W, S	SCHEDULE A	370,207.	

Case 24-11395 D	Doc 1 Filed 06/19/24	Page 137 of 316
-----------------	----------------------	-----------------

QLESS, INC.

27-1155885

FORM 100/100W, SCHEDULE F	COMPENSATION	OF OFFICE	IRS		STATEMENT 4
(A) NAME OF OFFICER	(B) SOCIAL SECURITY NUMBER	(C) PCT OF TIME DEVOTED	PCT OF		(F) AMOUNT OF COMPENSATION
SAID MALIKOV JAMES HARVEY	****** For ****** For		.00% .00%	.00% .00%	154,198. 381,250.
TOTAL COMPENSATION OF OFFIC LESS: COMPENSATION OF OFFIC	ERS ERS CLAIMED EL	SEWHERE C	ON RETURN		535,448.
TOTAL TO FORM 100/100W, SCH	EDULE F				535,448.

FORM 100/100W, SCHEDULE F	INTEREST INCOME	STATEMENT 5
DESCRIPTION		AMOUNT
INTEREST INCOME		21,623.
TOTAL TO FORM 100/100W, SCHED	ULE F	21,623.

FORM 100/100W, SCHEDULE F	OTHER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
GAIN/LOSS ON FOREIGN EXCHANGE		-164,649.
TOTAL TO FORM 100/100W, SCHEDUL	EF	-164,649.

QLESS, INC.	27-1155885
FORM 100/100W, SCHEDULE F OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION	AMOUNT
AMORTIZATION BAD DEBTS BANK CHARGES COMMISSION COMPUTER EQUIPMENT CONTRACTORS INSURANCE LEGAL FEES MEALS NOT SUBJECT TO LIMITATION MISCELLANEOUS EXPENSES OFFICE EXPENSES PAYROLL EXPENSES PROFESSIONAL FEES QLESS ARMENIA EXPENSES QUICK BOOK EXPENSE RECRUITING EXPENSES SALES AND MARKETING EXPENSES SECTION 174 ADJUSTMENT SHIPPING SOFTWARE AND TOOLS TRAVEL EXPENSES UTLITIES	105,018. 9,610. 21,267. 429,402. 13,165. 700,847. 78,094. 247,652. 47,481. 2,334. 16,344. 56,882. 732,647. 1,122,252. 12,206. 290,044. 332,017. -178,968. 11,606. 570,568. 294,076. 25,958.
TOTAL TO FORM 100/100W, SCHEDULE F	4,940,502.

FORM 100/100W, SCHEDULE L OTHER CURRENT	ASSETS	STATEMENT 8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES ROU ASSET - SHORT TERM	442,656. 0.	190,140. 321,917.
TOTAL TO FORM 100/100W, SCHEDULE L	442,656.	512,057.

### Case 24-11395 Doc 1 Filed 06/19/24 Page 139 of 316

QLESS, INC.

27-1155885

FORM 100/100W, SCHEDULE L	OTHER ASSETS		STATEMENT 9
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
DEPOSITS		40,934.	34,939.
TOTAL TO FORM 100/100W, SCHEDULE	L	40,934.	34,939.

FORM 100/100W,	SCHEDULE L	OTHER CURRENT	LIABILITIES	STATEMENT 10
----------------	------------	---------------	-------------	--------------

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED EXPENSES ACCRUED INTEREST PAYABLE CREDIT CARD PAYABLE DEFERRED RENT DEFERRED REVENUE - SHORT TERM LEASE LIABILITY - SHORT TERM OTHER CURRENT LIABILITIES OTHER LOANS SAFE LIABILITY SALES TAX PAYABLE TAX PROVISION	65,372. 0. 12,794. 30,050. 4,057,542. 0. 0. 0. 0. 31,638. 0.	303,422. 23,715. 38,789. 1. 4,538,149. 93,122. 767,492. 112,905. 984,598. 39,870. 1,734.
TOTAL TO FORM 100/100W, SCHEDULE L	4,197,396.	6,903,797.

FORM 100/100W, SCHEDULE L OTHER LIABILITIES		STATEMENT 11
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
BRIDGE BANK TERM LOAN FIN48 TAX LIABILITY INTERCOMPANY PAYABLES LEASE LIABILITY - LONG TERM LT PORTION OF DEFERRED REVENUE	0. 98,835. 0. 0. 810,058.	5,000,000. 103,522. 941,167. 255,824. 0.
TOTAL TO FORM 100/100W, SCHEDULE L	908,893.	6,300,513.

19STATEMENT(S) 9, 10, 1118481011 147227 0553984-0553984.CORP2022.04030 QLESS, INC.05539841

Case 24-11395 Doc 1 Filed 06/19/24 Page 140 of 316

QLESS, INC.

27-1155885

FORM 100/100W,	SCHEDULE V	COST C	F GOODS	SOLD	- OTHER	COSTS	STATEMENT 12
DESCRIPTION							AMOUNT
CONTRACTORS EQUIPMENT COST HOSTING SERVERS INSTALLATION AN PHONE SERVICES TEXTING SERVICE	D SET UP						129,632. 127,234. 874,416. 450. 68,699. 546,302.
TOTAL TO FORM 1	00/100W, SC	HEDULE	v				1,746,733.

FORM	3805Q	PRIO	R YEAR NOLS		STATEMENT 13
(A) YEAR	(B) CODE (D) LOSS	(C)TYPE OF NOL (E)C/O AMOUNT	(F) AMOUNT USED IN CURRENT YEAR	(G)AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR
2012		DIS			
2013	687,052.	687,052. GEN	0.	0.	687,052.
2013	256,847.	256,847.	0.	0.	256,847.
2014		GEN	٥	0	
2015	957,225.	957,225. GEN	0.	0.	957,225.
	2,238,819.	2,238,819.	0.	0.	2,238,819.
2016	195,428.	GEN 195,428.	0.	0.	195,428.
2017	-	GEN			-
2018	449,539.	449,539. GEN	0.	0.	449,539.
2010	634,002.	634,002.	0.	0.	634,002.
2019		GEN	0	0	
2020	646,735.	646,735. GEN	0.	0.	646,735.
	627,533.	627,533.	0.	0.	627,533.
2021	1,104,447.	GEN 1,104,447.	0.	0.	1,104,447.
TOTAL	S	7,797,627.	0.		7,797,627.

20 ST 18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.

STATEMENT(S) 12, 13 05539841 Case 24-11395 Doc 1 Filed 06/19/24 Page 141 of 316

QLESS, INC.

27-1155885

FORM 3885		85 DEPRECIATION				STATE	MENT 14	
ASSET NO.	DESCRIP- TION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR		LIFE	DEPRE- CIATION	BONUS
8	EQUIPMENT							
9	EQUIPMENT	05/20/16	1,981.	857.	200DB	7.00	749.	
	EQUIPMENT	05/20/16	1,778.	770.	200DB	7.00	672.	
		08/03/16	614.	266.	200DB	7.00	232.	
11	EQUIPMENT	09/19/16	576.	250.	200DB	7.00	217.	
12	EQUIPMENT	08/12/16	4,094.	1,773.	200DB	7.00	1,547.	
13	FURNITURE	01/30/16	681.	-	200DB		258.	
14	FURNITURE					7.00		
15	COMPUTER E	03/19/16 OUIPMENT	945.	409.	200DB	7.00	357.	
	COMPUTER E	07/01/17	14,003.	6,599.	200DB	5.00	7,404.	
		01/25/18	1,948.	0.	200DB	5.00	1,299.	
17	COMPUTER E	QUIPMENT 02/06/18	2,317.	0.	200DB	5.00	1,545.	
18	COMPUTER E	QUIPMENT 03/08/18	1,728.	0.	200DB	5.00	1,152.	
19	COMPUTER E	QUIPMENT					-	
20	COMPUTER E		1,142.		200DB	5.00	761.	
21	COMPUTER E	06/22/18 OUIPMENT	1,976.	0.	200DB	5.00	1,317.	
	COMPUTER E	12/28/18	3,771.	0.	200DB	5.00	2,514.	
		10/25/18	6,834.	0.	200DB	5.00	4,556.	
23	FURNITURE	01/09/18	9,119.	0.	200DB	7.00	2,605.	
24	FURNITURE	02/10/18	2,091.	0.	200DB	7.00	597.	
25	FURNITURE		-					
26	FURNITURE	06/11/18	3,252.		200DB	7.00	929.	
27	COMPUTER E	08/30/18 OUIPMENT	9,347.	0.	200DB	7.00	2,671.	
	COMPUTER E	01/30/19	2,410.	0.	200DB	5.00	964.	
		02/03/19	4,275.	0.	200DB	5.00	1,710.	
29	COMPUTER E	QUIPMENT 02/26/19	1,649.	0.	200DB	5.00	660.	
30	COMPUTER E	QUIPMENT 03/05/19	4,173.	0.	200DB	5.00	1,669.	
31	COMPUTER E	QUIPMENT						
32	COMPUTER E		3,060.		200DB	5.00	1,224.	
33	COMPUTER E	11/02/19 OUIPMENT	2,431.	0.	200DB	5.00	972.	
		11/07/19	2,532.	0.	200DB	5.00	1,013.	
54	COMPUTER E	QUIPMENT 12/10/19	1,499.	0. 21	200DB	5.00	600. Stateme	ENT(S)

21 18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.

STATEMENT(S) 14 05539841

Case 24-11395 Doc 1 Filed 06/19/24 Page 142 of 316

QLESS, INC.

27-1155885

35	COMPUTER	EQUIPMENT 12/10/19	2,933.	0.	200DB	5.00	1,173.
36	COMPUTER	EQUIPMENT 01/23/19	5,135.		200DB	5.00	2,054.
37	COMPUTER	EQUIPMENT					-
38	COMPUTER	03/27/19 EQUIPMENT	1,219.	0.	200DB	5.00	488.
		05/24/19	3,324.	0.	200DB	5.00	1,330.
		EQUIPMENT 06/05/19	2,698.	0.	200DB	5.00	1,079.
40	COMPUTER	EQUIPMENT 06/13/19	2,899.	0.	200DB	5.00	1,160.
41	COMPUTER	EQUIPMENT 06/29/19	2,037.	0.	200DB	5.00	815.
42	FURNITUR		270370	•••	20022	5.00	010.
		02/06/19	2,079.	Ο.	200DB	7.00	594.
43	COMPUTER	EQUIPMENT 07/29/20	2,032.	0.	200DB	5.00	813.
44	COMPUTER	EQUIPMENT					
4 5	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	08/06/20	2,220.	0.	200DB	5.00	888.
		EQUIPMENT 10/17/20	2,099.	0.	200DB	5.00	840.
46	COMPUTER	EQUIPMENT 10/17/20	2,099.	0.	200DB	5.00	840.
47	COMPUTER	EQUIPMENT 01/19/21	1,657.	580	200DB	5.00	431.
48	COMPUTER	EQUIPMENT	-				
49	COMPUTER	01/19/21 EQUIPMENT	1,619.		200DB	5.00	421.
50	COMDIITER	03/22/21 EQUIPMENT	1,825.	639.	200DB	5.00	474.
		05/30/21	1,657.	414.	200DB	5.00	497.
51	COMPUTER	EQUIPMENT 08/04/21	2,534.	380.	200DB	5.00	862.
52	COMPUTER	EQUIPMENT 08/11/21	1,197.	180.	200DB	5.00	407.
53	COMPUTER	EQUIPMENT 09/29/21	1,581.		200DB	5.00	538.
54	COMPUTER	EQUIPMENT	-				
55	COMPUTER	10/09/21 EQUIPMENT	2,981.	149.	200DB	5.00	1,133.
		10/19/21	1,750.	88.	200DB	5.00	665.
		EQUIPMENT 10/20/21	2,672.	134.	200DB	5.00	1,015.
57	COMPUTER	EQUIPMENT 10/20/21	546.	27.	200DB	5.00	208.
58	COMPUTER	EQUIPMENT 10/29/21	1,760.	88.	200DB	5.00	669.
59	COMPUTER	EQUIPMENT	-				
60	COMPUTER	11/01/21 EQUIPMENT	1,480.		200DB	5.00	562.
61	COMPUTER	11/01/21 EQUIPMENT	1,587.	79.	200DB	5.00	603.
		11/15/21	2,454.	123.	200DB	5.00	932.
		EQUIPMENT 12/21/21	6,038.	302.	200DB	5.00	2,294.
63	FURNITURI	E 08/30/21	14,325.	1,535.	200DB	7.00	3,654.
64	COMPUTER	EQUIPMENT 01/04/22	4,854.		200DB	5.00	971.
		VI/VI/22	1,0040		70000	5.00	J / ± •

STATEMENT(S) 14 05539841

Case 24-11395 Doc 1 Filed 06/19/24 Page 143 of 316

QLESS, INC.

27-1155885

65	COMPUTER	EQUIPMENT 01/05/22	1,500.	0. 200DB	5.00	300.
66	COMPUTER	EQUIPMENT 01/05/22	280.	0. 200DB	5.00	56.
67	COMPUTER	EQUIPMENT 02/08/22	2,114.	0. 200DB	5.00	423.
68	COMPUTER	EQUIPMENT	-			
69	COMPUTER	02/08/22 EQUIPMENT	1,450.	0. 200DB	5.00	290.
70	COMPUTER	02/10/22 EQUIPMENT	2,449.	0. 200DB	5.00	490.
71	COMPUTER	02/16/22 EQUIPMENT	2,430.	0. 200DB	5.00	486.
72	COMPUTER	02/23/22 EQUIPMENT	1,556.	0. 200DB	5.00	311.
73	COMPUTER	02/23/22 EQUIPMENT	4,045.	0. 200DB	5.00	809.
		02/24/22 EQUIPMENT	1,079.	0. 200DB	5.00	216.
		02/25/22 EQUIPMENT	1,156.	0. 200DB	5.00	231.
		02/26/22	2,428.	0. 200DB	5.00	486.
		EQUIPMENT 02/27/22	529.	0. 200DB	5.00	106.
77		EQUIPMENT 02/27/22	849.	0. 200DB	5.00	170.
		EQUIPMENT 02/27/22	911.	0. 200DB	5.00	182.
79	COMPUTER	EQUIPMENT 02/28/22	884.	0. 200DB	5.00	177.
80	COMPUTER	EQUIPMENT 03/01/22	1,232.	0. 200DB	5.00	247.
81	COMPUTER	EQUIPMENT 03/22/22	2,299.	0. 200DB	5.00	460.
82	COMPUTER	EQUIPMENT 03/22/22	2,337.	0. 200DB	5.00	468.
83	COMPUTER	EQUIPMENT 03/29/22	9,261.	0. 200DB	5.00	1,852.
84	COMPUTER	EQUIPMENT 03/30/22	2,833.	0. 200DB		567.
85	COMPUTER	EQUIPMENT 04/06/22	1,018.	0. 200DB	5.00	204.
86	COMPUTER	EQUIPMENT		0. 200DB		316.
87	COMPUTER	04/07/22 EQUIPMENT	1,579.		5.00	
88	COMPUTER	04/07/22 EQUIPMENT	879.	0. 200DB	5.00	176.
89	COMPUTER	04/07/22 EQUIPMENT	1,940.	0. 200DB	5.00	388.
90	COMPUTER	04/08/22 EQUIPMENT	550.	0. 200DB	5.00	110.
91	COMPUTER	04/08/22 EQUIPMENT	2,450.	0. 200DB	5.00	490.
92	COMPUTER	04/14/22 EQUIPMENT	1,568.	0. 200DB	5.00	314.
		04/15/22 EQUIPMENT	1,479.	0. 200DB	5.00	296.
		04/15/22 EQUIPMENT	1,689.	0. 200DB	5.00	338.
74	50111 0 I LIN	04/28/22	2,412.	0. 200DB	5.00	483.

STATEMENT(S) 14 05539841

Case 24-11395 Doc 1 Filed 06/19/24 Page 144 of 316

27-1155885

	Case 24-11393		11EU 00/13/24	гаус	144 01 3	10	
QLESS, INC.				-		27	-115588
95 COMPUTER	EQUIPMENT						
	04/28/22	2,310.	0.	200DB	5.00	462.	
96 COMPUTER	EQUIPMENT 04/28/22	1,280.	0	200DB	5.00	256.	
97 COMPUTER		1,200.	0.	20000	5.00	250.	
	04/29/22	2,906.	0.	200DB	5.00	581.	
98 COMPUTER		E 2 0	0	200DB	F 00	104	
99 COMPUTER	05/05/22 EOUT PMENT	520.	υ.	ZUUDB	5.00	104.	
<i></i>	05/14/22	1,265.	0.	200DB	5.00	253.	
100 COMPUTER							
101 COMPUTER	05/18/22	1,199.	0.	200DB	5.00	240.	
IUI COMPUTER	05/18/22	2,486.	0.	200DB	5.00	497.	
102 COMPUTER		2,1000				20,0	
	05/18/22	2,486.	0.	200DB	5.00	497.	
103 COMPUTER	EQUIPMENT 05/27/22	1,270.	0	200DB	5.00	254.	
104 COMPUTER		1,270.	0.	20000	5.00	254.	
	06/21/22	2,299.	0.	200DB	5.00	460.	
105 COMPUTER		010	0		F 00	100	
106 COMPUTER	07/19/22	913.	0.	200DB	5.00	183.	
	08/15/22	1,890.	0.	200DB	5.00	378.	
107 COMPUTER			_				
	09/16/22	1,880.	0.	200DB	5.00	376.	
108 COMPUTER	09/17/22	900.	0.	200DB	5.00	180.	
109 COMPUTER							
110 00000000000000000000000000000000000	09/22/22	2,688.	0.	200DB	5.00	538.	
110 COMPUTER	EQUIPMENT 10/19/22	2,036.	0	200DB	5.00	407.	
111 COMPUTER		2,050.	0.	200000	5.00		
	11/13/22	2,725.	0.	200DB	5.00	545.	
112 COMPUTER		3,402.	0	200DB	5.00	681.	
113 COMPUTER	11/18/22 EOUIPMENT	5,402.	0.	ZUUDB	5.00	001.	
110 00111 01111	11/19/22	3,128.	0.	200DB	5.00	626.	
114 FURNITUR		4 9 6 9				4.0.5	
115 FURNITUR	03/23/22	1,363.	0.	200DB	7.00	195.	
IIJ FURMITUR	04/30/22	7,652.	0.	200DB	7.00	1,093.	
116 FURNITUR	Е						
	09/22/22	2,368.	0.	200DB	7.00	339.	
TOTAL TO FORM	3885	279,669.	16,814.			89,191.	
					:		

## Case 24-11395 Doc 1 Filed 06/19/24 Page 145 of 316

#### STATE ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	ACE Cost Or Basis	Regular Depreciation	AMT Depreciation	ACE Depreciation
42		020619			2,079.	0.	2,079.	594.	446.	446.
43		072920			2,032.	0.	2,032.	813.	610.	610.
44	COMPUTER EQUIPMENT	080620			2,220.	0.	2,220.	888.	666.	666.
45	COMPUTER EQUIPMENT	101720			2,099.	0.	2,099.	840.	630.	630.
46	COMPUTER EQUIPMENT	101720	150DB	5.00	2,099.	0.	2,099.	840.	630.	630.
	COMPUTER EQUIPMENT	032221	150DB	5.00	1,825.	480.		474.	404.	404.
	COMPUTER EQUIPMENT	053021	150DB	5.00	1,657.	311.	1,657.	497.	404.	404.
		080421	150DB	5.00	2,534.	285.		862.	675.	675.
		081121			1,197.	135.	1,197.	407.	319.	319.
	COMPUTER EQUIPMENT	092921	150DB	5.00	1,581.	178.		538.	421.	421.
		100921			2,981.	112.		1,133.	861.	861.
	COMPUTER EQUIPMENT	101921	150DB	5.00	1,750.	66.		665.	505.	505.
	COMPUTER EQUIPMENT	102021	150DB	5.00	2,672.	100.		1,015.	772.	772.
	COMPUTER EQUIPMENT	102021	150DB	5.00	546.	21.		208.	158.	158.
	COMPUTER EQUIPMENT	102921			1,760.	66.		669.	508.	508.
		110121	150DB	5.00	1,480.	56.		562.	427.	427.
	COMPUTER EQUIPMENT	110121	150DB	5.00	1,587.	60.		603.	458.	458.
	COMPUTER EQUIPMENT	111521	150DB	5.00	2,454.	92.		932.	709.	709.
	COMPUTER EQUIPMENT	122121			6,038.	226.		2,294.	1,744.	1,744.
63	FURNITURE	083021	150DB	7.00	14,325.	1,151.	14,325.	3,654.	2,823.	2,823.
	TOTALS				165,387.	12,442.	165,387.	66,781.	51,255.	51,255.
	MACRS AMT ADJUSTMENT								15,526.	

Electronic Filing PDF Attachment

QLESS, INC. EIN: 27-1155885 FYE: 12/31/22

#### **NET OPERATING LOSS ADJUSTMENT**

	NET OPERATING LOSS PER TAX		ADJUSTED NET OPERATING LOSS CARRYFORWARD
TAX YEAR-END	RETURN	ADJUSTMENT	TO 2021
12/31/2012	687,052		687,052
12/31/2013	256,847		256,847
12/31/2014	957,225		957,225
12/31/2015	2,238,819		2,238,819
12/31/2016	195,428		195,428
12/31/2017	449,539		449,539
12/31/2018	634,002		634,002
12/31/2019	646,735		646,735
12/31/2020	689,034	(61,501)	627,533
12/31/2021	1,142,233	(37,786)	1,104,447
Total	7,896,914	(99,287)	7,797,628

THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.

				ADJUSTMENT
	ADJUSTMENT	ADJUSTMENT TO		TO CA NET
	το βοοκ	TAXABLE	CA	OPERATING
LIST OF ADJUSTMENTS	INCOME	INCOME	APPORTIONMENT	LOSS
12/31/20 FINANCIAL				
STATEMENT REVIEW GAAP				
ADJUSTMENT	(184,199)	(184,199)	33.3880%	(61,501)
12/31/21 FINANCIAL				
STATEMENT REVIEW GAAP				
ADJUSTMENT	(189,072)	(189,072)	19.9851%	(37,786)
TOTAL ADJUSTMENT	(373,272)	(373,272)		(99,287)

Case 24-11395 Doc 1 Filed 06/19/24 Page 148 of 316

## TAX RETURN FILING INSTRUCTIONS

COLORADO FORM 112

### FOR THE YEAR ENDING

DECEMBER 31, 2022

#### PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

#### PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

#### AMOUNT OF TAX:

TOTAL TAX	\$ 0
LESS: PAYMENTS AND CREDITS	\$ 0
PLUS: OTHER AMOUNT	\$ 0
PLUS: INTEREST AND PENALTIES	\$ 0
NO PAYMENT REQUIRED	\$

#### **OVERPAYMENT:**

NOT APPLICABLE

#### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN DR 8454 TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE CDOR. DO NOT MAIL A COPY OF THE RETURN.

#### **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN DR 8454 TO US BY OCTOBER 16, 2023.

SPECIAL INSTRUCTIONS:

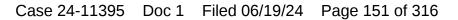
Case 24-11395 Doc 1 Filed 06/19/24 Page 149 of 316



DR 8454 (01/26/23) **COLORADO DEPARTMENT OF REVENUE** Denver CO 80261-0005 *Tax.Colorado.gov* Page 1 of 1

	Colorado for Online			arati	on				
Do not mail this form to the IRS or the Co		For Tax Year (MN	1/DD/YY)		or Fiscal	Year be	eginni	ng (MM	I/DD/YY)
Department of Revenue. Retain with you	ur records.	01	/01/22			12	2/3	1/2	2
Тах Туре									
DR 0104) Individual Income Corpo (DR 0104) (DR 0	orate Income )112)	DR 010	ship/S-Corp Ind )6)	come	[		duci R 0 <sup>-</sup>	-	come
Taxpayer Last Name or Business Name	First Nar	me or Business [	DBA if different fr	om Bus	iness Na	me			Middle Init
QLESS, INC.									
Spouse's Last Name (if applicable)	First Nar	me							Middle Init
							_		
Taxpayer SSN or ITIN	Spouse	SSN or ITIN (if a	oplicable)			FEIN			
Taxpayer or Business Address							- <u>11</u> ate	558 ZIP	85
Taxpayer or Business Address		Ci	Ly				ate		
21 MILLER ALLEY, SUITE 21		E Return Infor	ASADENA			0	CA	911	05
or more information) nder penalties of perjury, I declare that the information I h ederal/Colorado income tax returns, and that said tax retu elief. I understand that I (or my Electronic Return Originate intents, schedules, and attachments upon request by the C	nave provided for elec urns, statements, sch or (ERO) if applicable)	edules and attachn ) may be required to	amounts shown ir nents are true, corr o provide paper cop	ect, and c pies of thi od covere	oove agree complete to s declarati ed by the (	o the be on, my i Colorado	st of i return	my kno s, withl	wledge and nolding state-
Signature				Date	(MM/DD	/ Y Y)			
Spouse's Signature (If Joint Return, Both Must Sig	n)			Date	(MM/DD	/YY)			
<u> </u>	,								
Part III	- Declaration	of ERO/Prep	arer/Transm	itter					
If the transmitter did not prepare the t f I am not the preparer, I declare only that the amounts sh am the preparer, under penalties of perjury I declare that to me by the taxpayer and the amounts shown in Part I ab	nown in Part I above a I have reviewed the a	agree with the amou above taxpayer's Fe	deral/Colorado inc	ome tax r	eturns and	d that th	e info	rmatior	n provided
attachments are true, correct, and complete to the best of form at the time of filing and have provided the taxpayer w covered by the Colorado statute of limitations, and to prov request by the Colorado Department of Revenue at any tir	f my knowledge and b vith copies of all forms vide paper copies of t	belief. As preparer, s and information fi his declaration, said	further declare that ed. I also agree to d returns, withholdi	at I have o maintain ng staten	btained th this signed nents, scho	ne taxpa d Form ( edules a	yer's DR 84 Ind at	signatu 154) for tachme	re on this the period ents upon
ERO's Signature			Preparer Ide	itificatio	n Numbe	er, YOUI	SSN	N, Or IT	
COHNREZNICK LLP					0361	390			
Check if also Preparer			Date (MM/DD/		/08/2	23			

•





DR 0112 (11/28/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 1 of 4

## 2022 Colorado C Corporation Income Tax Return

Do not submit fede	eral return, forms o	r schedul	es whe	n filing this	s return.	(	0023)
Fiscal Year Beginning (MM/DD/22)	ear Ending (I	MM/DD/YY)					
Name of Corporation				• Co	lorado Acc	ount Number	
QLESS, INC.							
Address				● Fe	deral Empl	oyer ID Number	
21 MILLER ALLEY, SUITE 21	0				27-115	5885	
City	0			2		ate ZIP	
PASADENA					C.	A 91105	
Mark for Final Return	If you are sub transaction, r			t disclosing	a listed or	reported	
• A. Apportionment of Income. This return	n is being filed for:						
(42) A corporation not apportioning	g income;		(45)	A corporation Colorado sale		o pay a tax on its gr	oss
A corporation engaged in inter (43) apportioning income using rec apportionment (DR 0112RF re	ceipts-factor	A corporation claiming an exemption under (46) P.L. 86-272;					
(44) A corporation engaged in inter apportioning income using sp (DR 0112RF required);	rstate business		Other apportionment method, see instructions concerning the requirement for approval by the Department (fill in below);         (47)				
<ul> <li>B. Separate/Consolidated/Combined Fil</li> </ul>	ling. This return is bei	na filed for	:				
X A single corporation filing a separate r	-		An affili	ated group of ed return (Sch	-	ns required to file a quired);	
An affiliated group of corporations electroport. <b>Warning:</b> such election is bind election was made in a prior year, enter line below. (Schedule C required);	ing for four years. If your	a combined return that includes another affiliated,					
Enter the year of election (YYYY)							
Federal	Taxable Income				Rc	ound to nearest do	llar
1. Federal taxable income from Federal form	1120 or 990-T			•	1	-4,989,31	.4 00
2. Federal taxable income of companies not in	ncluded in this return			•	2		0 0 0
3. Net federal taxable income, subtract line 2	from line 1 Additions				3	-4,989,31	4 00
4. Federal net operating loss deduction				•	4		0 0
5. Colorado income tax deduction				٠	5		0 0

## Case 24-11395 Doc 1 Filed 06/19/24 Page 152 of 316



#### DR 0112 (11/28/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 2 of 4

Form 112

220112 21019 Page 2	of 4			
Name		Account Nur	mber	
QLESS, INC.				
6. Other additions, submit explanation	STATEMENT 1 •	6	23,741 0	00
7. Sum of lines 3 through 6		7 -4,9	965,573 0	00
	ubtractions			_
8. Exempt federal interest	•	8		00
· ·				
9. Excludable foreign source income	•	9	la	0 0
<u>_</u>				
10. Colorado Marijuana Business Deduction	•	10	la	00
<b>11.</b> Other subtractions, explanation required below	•	11		00
Explain:		•••		
<b>12.</b> Sum of lines 8 through 11		12		00
	xable Income	12		,,,
12 Modified federal taxable income, subtract line 12 from lin	20.7	-1 0	965,573 0	00
13. Modified federal taxable income, subtract line 12 from lin		13 -4,5	,,,,,,,	10
44. Colorado tovoblo incomo hofero not enerotina loso dadu	ation		-56,692 0	00
14. Colorado taxable income before net operating loss dedu		14   -		10
15. Colorado net operating loss deduction: (see instructions	)			
(a) Colorado net operating losses carried forward		<u></u>		
from tax years beginning before January 1, 2018	● 15(a)	00		
(b) Subtract line 15(a) from line 14, if zero skip to 15(d)	15(b)	00		
(c) Colorado net operating losses carried forward from		• •		
tax years beginning on or after January 1, 2018	• 15(c)	0.0		
(d) Colorado net operating loss deduction, sum of (a) and (c		i(d)	0	00
16. Carryforward deduction from Income Tax Year 2021, sul	otractions from HB21-			
1002 (see instructions)	•	16	0	00
17. Colorado taxable income, subtract the sum of lines 15(d	) and 16 from line 14	17 -	-56,692 0	)0
<b>18</b> Tax, 4.4% of the amount on line 17		18	0 0	00
	Credits	-		
19. Sum of nonrefundable credits from line 27, form DR 011	2CR (the sum of lines 19, 20,			
and 21 cannot exceed tax on line 18.) You must submit	the DR 0112CR with your return.	19	0	00
20. Non-refundable Enterprise Zone credits used - as calcula	ited, or from the			-
DR 1366 line 85 (the sum of lines 19, 20, and 21 cannot	exceed tax on line 18).			
You must submit the DR 1366 with your return.	•	20	0	00
21. Strategic capital tax credit from DR 1330 line 8b, the sur	n of lines 19, 20, and 21			
cannot exceed line 18, you must submit the DR 1330 wi		21		0 0
· ·				
22. Net tax, sum of lines 19, 20, and 21. Subtract that sum f	rom line 18.	22	0 0	0 0
23. Recapture of prior year credits	•	23	la	) ()
			Į.	<u> </u>

## Case 24-11395 Doc 1 Filed 06/19/24 Page 153 of 316



DR 0112 (11/28/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 3 of 4

Form 112

Nam	ne	Account Number	
QI	LESS, INC.		
			0 00
24.	Sum of lines 22 and 23         24		0 0 0
05	Estimated tax, extension payments, and credits • 25		0 0
25.	Estimated tax, extension payments, and credits • 25 W-2G Withholding from lottery winnings, you must submit the W-2G(s)		00
26.	with your return. • 26		0 0
	Gross Conservation Easement Credit from the DR 1305G line 33, you must		
	submit the DR 1305G with your return. • 27		0 0
28.	Innovative Motor Vehicle and Innovative Truck Credit from form DR 0617,		
	you must submit the DR 0617(s) with your return. • 28		0 0
29.	Business Personal Property Credit: Use the worksheet in the 112 book instructions		
20	to calculate, you must submit copy of assessor's statement with your return. • 29		0 0
30.	Renewable Energy Tax Credit from form DR 1366 line 86, you must submit the DR 1366 with your return. • 30		0 0
31.	Electing Pass-Through Entity Owner Tax Credit (see instructions). • 31		0 0
	Credit for conversion costs to an employee-owned business model. You must		
	submit the certificate from the Office of Economic Development with your return. • 32		0 0
33.	Sum of lines 25 through 32 33		0 0
~ ~	Nation due Outstreat line 00 from line 04		
34.	Net tax due. Subtract line 33 from line 24 34		0 0
35	Penalty • 35		0 0
00.			
36.	Interest • 36		0 0
37.	Estimated tax penalty due • 37		0 0
38.	Total due. Enter the sum of lines 34 through 37     • 38	0	0.00
20	Overneyment subtrast line 24 from line 22		0 0
39.	Overpayment, subtract line 24 from line 33 39		00
40.	Amount from line 39 to carry forward to the next year's estimated tax • 40		0 0
41.	Amount from line 39 to be refunded • 41		0 0
	Direct Routing Number Checki	ng Savings	
	Account Number		
	The State may convert your check to a one-time electronic banking transaction. Your back account may be dehited as early as the same devices indi-	w the State. If converted your shard	k
	The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received a will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment directly from the same day received funds.		
	File and pay at: Colorado.gov/RevenueOnline or Mail and Make Checks Payable to: Colorado Department of Revenue		
	Mail and Make Checks Payable to: Colorado Department of Revenue Denver, CO 80261-0006		
	Denver, 00 00201-0000		

## Case 24-11395 Doc 1 Filed 06/19/24 Page 154 of 316



DR 0112 (11/28/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 4 of 4

Form 112

Name	I			Account Nur	nber		
QLESS, INC.							
<b>C.</b> The corporation's books are in care of:							
Last Name	First Name			Middle Initial	Phone	e Number	
THOMAS	NICK				415	5-309-2787	
Address			City		State	ZIP	
21 MILLER ALLEY, SUITE 210			PASADEN	A	CA	91105	
D. Business code number per federal return (NAICS)		E. Year cor	poration began	doing business	s in Col	lorado	
• 513210		•					
F. Do you want to allow the paid preparer shown below information with the Colorado Department of Rever			•	i	• 2	Yes No	
G. Kind of business in detail QUEUE MGMT SOFTWARE							
H. Has the Internal Revenue Service made any adjust or have you filed amended federal income tax return					• [	Yes X No	
If yes, for which year(s)? (YYYY)							
Did you file amended Colorado returns to reflect such Federal Agent's reports?	n changes or	submit copie	s of the		• [	Yes X No	
Last Name of person or firm preparing return	Firs	t Name				Middle Initial	
JAMES	D	ARIN					
Address of person or firm preparing return					Phone	e Number	
707 WILSHIRE BLVD, STE 4950					310	)-843-9700	
City					State	ZIP	
LOS ANGELES					CA	90017	
Under penalties of perjury in the second degree, I declare the					•		
correct and complete. Declaration of preparer (other than ta: Signature or Title of Officer	Apayer) is base	eu on an morm	ation of which p				
				Date (i	viivi/ UU/ T	'/	
SENIOR DIRECTOR	turn Forme	or Schodu	les when Fil	ing this Do	turn		
Do Not Submit Federal Return, Forms or Schedules when Filing this Return							

If you are filing this return <b>with</b> a check or payment, please mail the return to:	If you are filing this return <b>without</b> a check or payment please mail the return to:
COLORADO DEPARTMENT OF REVENUE	COLORADO DEPARTMENT OF REVENUE
Denver, CO 80261-000 <b>6</b>	Denver, CO 80261-000 <b>5</b>

These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.



DR 0112RF (10/24/22) **COLORADO DEPARTMENT OF REVENUE**  *Tax.Colorado.gov* Page 1 of 2

## 2022 Schedule RF -Apportionment Schedule

Complete this form in accordance with section **39-22-303.6 C.R.S.**, and the regulations thereunder.

Name				Account Number
QLESS, INC.	27-1155885			
			_	
1. Total modified federal taxable Apportionable Income Ap			eints Factor	-4,965,573
Do not include foreign sour	•	-	-	
		Colorado	Everywhere	
2. Gross receipts from the sale of	of tangible		<b>,</b>	
personal property	• 2			
<b>3.</b> Gross receipts from the sale				
of services	• 3	97,081	8,481,600	
4. Gross receipts from the sale,	rental,			
lease, or license of real proper	ty • 4			
5. Gross receipts from the rental	,			
lease, or license of tangible				
personal property	• 5			
6. Gross receipts from the sale,			21 622	
or license of intangible proper	ty • 6		21,623	
7. Distributive share of	• 7			
partnership factors 8. Total receipts (total of lines 2	• 7			
through 7 in each column)	8	97,081	8,503,223	
		577002	0,000,220	
9. Line 8 (Colorado) divided by li	ne 8 (Evervwhere)	9	1.1417	
Complete Lines 10 and 13		ortionable income is beir	g directly allocated. If a	Il income is being
treated as apportionable i	income, enter 0	(Zero) on Lines 10 and 1	3.	
10. Less income directly allocable	to any state, includ	ing Colorado		1
	(a) Net rents and	royalties from		
	real or tangible	e property		
Nonapportionable	(b) Capital gains a	Ind losses		
Income		vidends		
Only	(c) Interest and di			
only	(d) Patents and co	opyright royalties		
		spynght royaties		
	(e) Other nonappo	ortionable income		
	(f) Total income of	lirectly allocable (add lines (a) thr	ough (e)) 10	0
11. Modified federal taxable incor	ne subject to apport	ionment, line 1 less line 10	11	-4,965,573
12. Income apportioned to Colora	-56,692			

Do not submit federal return, forms or schedules when filing this return.

## Case 24-11395 Doc 1 Filed 06/19/24 Page 156 of 316



DR 0112RF (10/24/22) COLORADO DEPARTMENT OF REVENUE Tax.Colorado.gov Page 2 of 2

Name		Account Number	
QLESS, INC.		27-115588	5
<b>13.</b> Add income directly a	allocable to Colorado:		
	(a) Net rents and royalties from real or tangible property		
	(b) Capital gains and losses		
Nonapportionable Income	(c) Interest and dividends		
Only	(d) Patents and copyright royalties		
	(e) Other nonapportionable income		
	(f) Total income directly allocable to Colorado (add lines (a) through (e))	13	0
14. Total income apportion on the DR 0112 line	oned and allocated to Colorado, sum of lines 12 and 13(f). Enter here and 14	14 -5	6,692
	§39-22-303.6(8) C.R.S., taxpayer elects to treat all income as apportionable income for the I by this return	etax	

Case 24-11395	Doc 1	Filed 06/19/24	Page 157 of 316

QLESS, INC.

27-1155885

CO 112	OTHER ADDITIONS	STATEMENT 1
DESCRIPTION		AMOUNT
FOOD AND BEVERAGE EX	PENSE DEDUCTION ADDBACK	23,741.
TOTAL		23,741.

Electronic Filing PDF Attachment

QLESS, INC. EIN: 27-1155885 FYE: 12/31/22

#### **NET OPERATING LOSS ADJUSTMENT**

	NET OPERATING		ADJUSTED NET OPERATING LOSS
	LOSS PER TAX		CARRYFORWARD
TAX YEAR-END	RETURN	ADJUSTMENT	TO 2021
12/31/2016	26,252		26,252
12/31/2017	16,536		16,536
12/31/2018	25,702		25,702
12/31/2019	17,687		17,687
12/31/2020	23,873	(2,181)	21,692
12/31/2021	99,248	(3,313)	95,935
Total	209,298	(5,494)	203,804

THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.

				ADJUSTMENT
	ADJUSTMENT	ADJUSTMENT TO		TO CO NET
	το βοοκ	TAXABLE	CO	OPERATING
LIST OF ADJUSTMENTS	INCOME	INCOME	APPORTIONMENT	LOSS
12/31/20 FINANCIAL				
STATEMENT REVIEW GAAP				
ADJUSTMENT	(184,199)	(184,199)	1.1842%	(2,181)
12/31/21 FINANCIAL				
STATEMENT REVIEW GAAP				
ADJUSTMENT	(189,072)	(189,072)	1.7520%	(3,313)
TOTAL ADJUSTMENT	(373,272)	(373,272)		(5,494)

Case 24-11395 Doc 1 Filed 06/19/24 Page 161 of 316

## TAX RETURN FILING INSTRUCTIONS

DISTRICT OF COLUMBIA FORM D-20

#### FOR THE YEAR ENDING

DECEMBER 31, 2022

#### PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

#### PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

#### TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

#### AMOUNT OF TAX:

TOTAL TAX	\$ 250
LESS: PAYMENTS AND CREDITS	\$ 500
PLUS: OTHER AMOUNT	\$ 0
PLUS: INTEREST AND PENALTIES	\$ 0
OVERPAYMENT	\$ 250

#### **OVERPAYMENT:**

CREDIT TO ESTIMATED TAX	\$ 250
OTHER AMOUNT	\$ 0
REFUNDED TO YOU	\$ 0

#### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN FORM D-20E TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE DCOTR. DO NOT MAIL A COPY OF THE RETURN.

#### **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM D-20E TO US BY OCTOBER 16, 2023.

#### **SPECIAL INSTRUCTIONS:**

#### Case 24-11395 Doc 1 Filed 06/19/24 Page 162 of 316 2022 **FR-120** SUB Extension of Time to File a DC Corporation Franchise Tax Return

# FOR YOUR RECORDS DO NOT FILE

		ENTER DOLLAR AMOUNTS	
1	Total estimated corporation franchise tax liability for the tax period.	1 500	00
2	Estimated franchise tax payments (include any tax overpayment credit).	0 - 0	00
3	Other payments.	3	00
4	Total payments and credits (add Lines 2 and 3).	4 250	00
5	Balance due (Line 1 minus Line 4). Payment in full must be submitted with this form or your req will be denied. (Note: you will be subject to the failure-to-pay penalty and interest on any tax due and not paid with this form.)		
243	Detach at perforation and mail the voucher, with payment Office of Tax and Revenue PO Box 96019 Washington DC 20090-6019	attached, to the:	
	Bovernment of the District of Columbia 2022 FR-120 SUB Extension of Time to File a DC Corporation Franchise Tax Return		
,	Amount of payment 250 00	221200S11019	
	(dollars only)	SOFTWARE DEVELOPER USE ONLY	
	Taxpayer Identification NumberTax period ending (MMDDYYYY)27115588512312022	VENDOR ID# 1019	
	Business Name or Designated Agent name QLESS, INC.	Mark if Combined Report Mark if Living or Traveling Outside the U.S.	
	Business mailing address (number, street and suite/apartment number if applicable) <b>21 MILLER ALLEY, SUITE 210</b>		
	City State ZIP Coor PASADENA CA 911		
, 	A 6 or 7 month extension of time to file <b>OCT</b> 15, 2023, for calendar year 2022, or until	or fiscal year ending , is requested.	

#### 4 06/10/24 162 of 216 \_ 4 :1 \_ **D** -\_\_\_\_

		Ca	ase 24-11395	Doc 1	Filed 06/1	9/24 Pa	ge 1	63 c	of 316	
		strict of Columbia 2022	D-20 SUB Co Franchise Tax		1					
		xpayer Identification Number (TIN) 71155885	Number In DC: 1	of business locat Outside DC:	tions 0			2202	03S11019 SOFTWARE DEVELOPER USE ON VENDOR ID # 1019	LY
		Internet of corporation				Tax period ending (M 12312022		YY)	Mark if: QHTC locate Ballpark TF Mark if: AMENDED F Mark if: FINAL RETU	area RETURN
	2	siness mailing address #1 1 MILLER ALLEY siness mailing address #2	, SUITE 210					*\	Mark if: CERTIFIED ( Mark if: COMBINED You must fill in the Designated Agen	QHTC REPORT*
	Cit P.	y ASADENA			State CA	ZIP code+4 91105		**	Mark if: WORLDWID	
	De	signated Agent Name					D	esignate	ed Agent TIN	
	● R	EAD INSTRUCTIONS BEFO	RE PREPARING RETU	RN (To allocate	non-business items,	see instructions.)			nter dollar amounts only. If amount is zero, l minus, enter amount and fill in space.	eave line blank,
COME	2	Gross receipts, minus retur Cost of goods sold (from D Gross profit from sales and Dividends from Form D-20,	20 Schedule A) and/o /or operations Line 1 n	-	attach statemer	t) Mark if minu:	5	1 2 3 4	5709510	.00 .00 .00 .00
<b>GROSS INCOME</b>		Interest (attach statement) Gross rental income from D Gross royalties (attach state (a) Net capital gain (loss) (at	ement)	nn 3, Line 6	TATEMENT	3 Mark if minu:	5	5 6 7 8(a)		.00 .00 .00 .00
		(b) Ordinary gain (loss) from Capital gains deferred on fe Qualified Opportunity Fund	Part II, federal Form 4	797 (attach o restment in a	copy) federal	Mark if minu		8(b) 9		.00 .00
	11 12 13 14	Other income (loss) (attach <b>Total gross income.</b> Add L Compensation of officers fr Salaries and wages Repairs	_ines 3 - 10	-	TATEMENT	1 Mark if minu: Mark if minu:		10 11 12 13 14	5566484 535448 2933941	.00 .00 .00
DEDUCTIONS	15 16 17 18	() 1,	STATEN	ient 2	24	2260. <b>00</b>		15 16 17	177200 369957	
L	19	1 1	attach statement) v of your federal Form 4 v of your federal Form 4	4562)		.00		18c 19 20 21		.00 .00 .00 .00
		Do not include any additional IRC 17 Depletion (attach statemen (a) Enter royalty payments r (b) Minus nondeductible paym	t) nade	eciduoni		.00 .00		22 23c		.00 .00

DEDUCTIONS

D-20 FORM, PAGE 2 Taxpayer Name: **QLESS**, **INC**.

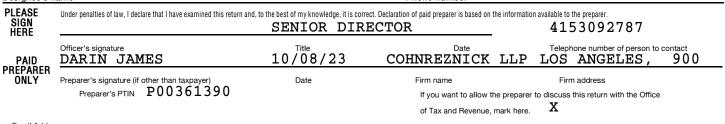
Taxpayer Identification Number (TIN) 271155885



	• • • •				0	ter dollar amounts onl	~
<b>9</b> 24	Pension, profit-sharing plans				24		. <b>00</b>
<b>SNOILDNO2</b> 6 27	Capital gains deferred due to DC approved investment in a DC Q	ualified			25		.00
5 C	Opportunity Fund						
<b>D</b> 26		STATEMENT	4		26	6153921	.00
<b>ö</b> 27	Total deductions. Add Lines 12-26				27	10555548	
28	Net income Line 11 minus Line 27		Mark if minus	х	28	4989064	.00
29	(a) Non-business income/state adjustment (attach statement)		Mark if minus		29a		.00
	(b) Expense related to non-business income (attach statement)				29b		.00
	(c) 29(a) minus 29(b)		Mark if minus		29c		.00
30	Net income subject to apportionment Line 28 minus Line 29(c)		Mark if minus	Х	30	4989064	.00
31	DC apportionment factor from Form D-20, Schedule F, col. 3, Line	e 5			31	.003	652
	if Combined Report, from Combined Reporting Schedule 2A, Col.	. 3 Line 9					
32	Net income from trade or business apportioned to DC		Mark if minus	Х	32	18220	.00
	Line 30 amount multiplied by Line 31 factor						
33	Other income/deductions attributable to DC (attach statement - see ins	tructions)	Mark if minus		33	0	.00
ш <sup>34</sup>	Total taxable income before apportioned NOL deduction		Mark if minus	Х	34	18220	.00
WO	Line 32 plus or minus Line 33						
<b>TAXABLE INCOME</b> 35 35 36 37 38	Apportioned NOL deduction (Losses occurring in year 2000 and I	ater) *			35	0	.00
щ	*(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)						
<b>H</b> 36	Total DC taxable income. Line 34 minus Line 35		Mark if minus	Х	36	18220	
<b>X</b> 37	Tax 8.25% of Line 36				37	0	
<b>⊢</b> 38	Minus nonrefundable credits from Schedule UB, Line 9	_			38		.00
39	Total DC gross receipts from Line '4' MTLGR Worksheet STA	FEMENT 5			31056		
40	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC g	ross receipts			40	250	.00
	are \$1M or less or \$1,000 if DC gross receipts are greater than \$1	М					
<b>TAX - PAYMENTS AND CREDITS</b> 57 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Payments and refundable credits:						~~
ũ	(a) Tax paid, if any, with request for an extension of time to file				41a	250	
ц Ц	(b) Tax paid, if any, with original return if this is an amended return	า			41b	050	.00
Q.	(c) 2022 estimated franchise tax payments				41c	250	
SA	(d) Refundable credits from Schedule UB, Line 12				41d		.00
<b>L</b> 42	If this is an amended 2022 return, enter refund requested with ori	•			42	гоо	.00
<b>≥</b> <sup>43</sup>	Total payments and credits. Add Lines 41(a) through 41(d). Do no	t include Line 42.			43	500	
<b>A</b> 44	Estimated tax interest (Mark if D-2220 attached)				44		.00
<u>45</u>	Total Amount Due. If Line 43 is smaller than the total of Lines 40 a				45		.00
Ĩ.	Will this payment come from an account outside of the U.S.? Yes	No See instruc				250	00
	Overpayment. If Line 43 is larger than the total of Lines 40 and 44	, enter amount over	erpaid.		46	250 250	
47	Amount you want to apply to your 2023 estimated franchise tax				47	200	.00
48	Amount to be refunded. Line 46 minus Line 47.				48		.00

Third party designee To authorize another person to discuss this return with OTR, mark here Designee's name

and enter the name and phone number of that person. See instructions. Phone number



Email Address

DARIN.JAMES@COHNREZNICK.COM

## Case 24-11395 Doc 1 Filed 06/19/24 Page 165 of 316

D-20 FORM, PAGE 3

220203\$31019

Taxpayer Name:QLESS,INC.Taxpayer Identification Number (TIN)271155885

Schedule A - Cost of Goods Sold (See specific instruct	ions foi	r Line 2.)		Schedu	le B - Dividends (S	See specific instruc	tions for Line 4.)	
Inventory at beginning of year				NAME AND ADDRESS OF DECLARING CORPORATION				AMOUNT
2. Merchandise bought for manufacture or sale								
3. Salaries and wages	. 🖵	1025	357					
<ol> <li>Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179 expenses are not allowable.)</li> </ol>		1746	733					
5. Total		2772	090					
6. Minus: Inventory at end of tax year								
7. Cost of goods sold (Enter here and on D-20, Line 2.)		2772	090					
Method of inventory valuation:								
				Total D	ividends			
COST				Minus	deduction for Subp	art F Income.		
0.051								
					deduction for divid owned subsidiary	ends received from		
				TOTAL	(Enter here and on	D-20, Line 4.)		
Schedule C - Compensation of officers (See specific in	structio	ons for Lin	ne 12. If	more that	an 3 offices attach a	additional sheets as	needed.)	
				1.3	Percent of (	Corporation	Col. 6	Col 7
Col. 1 Name and Address of Officer		ol. 2 ial Title	Percent	of Time	Stock		Amount	Col. 7 Expense
Name and Address of Officer	Unic			ted to iness	Col. 4 Common	Col. 5 Preferred	of Compensation	Account Allowances
SAID MALIKOV			Dusi	11033				
яо <u>—</u>		CFO		00 %	.00 %	%	154198	
21 MILLER ALLEY, SUITE 2								
JAMES HARVEY	<u>а</u> по		1	~~	0.0		201250	
21 MILLER ALLEY, SUITE 2	CEO	)		00 %	.00 %	%	381250	
				%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and o	n D-20	, Line 12.)					535448	
Schedule D - Taxes (See specific instructions for Line	17.)							
STMT 6 EXPLANATION		AMO	OUNT			EXPLANATION		AMOUNT
					TOTAL (Enter here a	and on D-20, Line 1	7.)	369957
Schedule E - Reconciliation of the net income reported 1. Taxable income before net operating loss deduction and	d on Fe	deral and	DC retu					
special deductions (page 1 of your Federal corporate return).		-49	8931	L <b>4</b>	otal DC taxable income	e reported (from D-20, L	.ine 36).	-18220
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOM	1E			0				
2. Income taxes (see specific instructions for line 17).				-	I-TAXABLE INCOM	E AND ADDITIONA		
<ol> <li>DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.</li> </ol>			25	50         8. Net income apportioned or allocated to outside DC.				-4970844
<ol> <li>Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.</li> </ol>				0 9. 0	ther non-taxable incon	ne and additional deduc	ctions	
5. Other unallowable deductions and additional income (itemize,				in	cluding NOL (itemize):			
include additional federal depreciation and additional				(4	a)			ļ
IRC § 179 expenses).								
(a)(b)	-			- (1	b)			
· · ·	-	10	0000		OTAL of Lines 7, 8 and	10		-4989064
6. TOTAL of Lines 1-5.	7.6-	-49	0900	<b>4</b>	UTAL OF LINES 7, 8 and	J <del>J</del> .		-4909004
Rev. 10/2022 243412 11-1	7-22							

#### D-20 FORM, PAGE 4

Taxpayer Name: QLESS, INC. Taxpayer Identification Number (TIN) 271155885



Schedule F - DC apportionment factor (See instructions.)	Note: If this is a c Leave Schedule I	combined report do not use S F blank. Use Combined Repo	Schedule F to derive the apportion orting Schedule 2A, Line 9 instead	onment factor for the group.
ound cents to the nearest dollar.		Can	ry all factors to six decimal place	es and truncate.
or all businesses other than financial institutions:				
	Colum	nn 1 TOTAL	Column 2 in DC	Column 3 Factor
. SALES FACTOR: All gross receipts of the business other than gro				Column 2 divided by Column
from non-business income.	8	503223. <b>00</b>	31056. <b>00</b>	.003652
or Financial Institutions:				
. SALES FACTOR: All gross income of the financial institution othe	r than			
gross income from non-business income.		. 00	. 00	
. PAYROLL FACTOR: Total compensation paid or accrued by the fi	nancial			
institution.		. 00	. 00	
. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3	of Column 3)			
DC APPORTIONMENT FACTOR: For businesses other than finance For financial institutions divide Line 4, Column 3 by 2. Enter on D	ial institutions enter the n -20, Line 31.	umber from Line 1, Colu	ımn 3. Enter on D-20, Line	<sup>31</sup> .003652
Schedule G- Balance Sheets	Beginning of Taxa	ble Year	End of Tax	
	(A) Amount	(B) Total	(A) Amount	(B) Total
1. Cash		3246931		1905920
2. Trade notes and accounts receivable	912216		902004	
(a) MINUS: Allowance for bad debts		912216		902004
3. Inventories				
4. Gov't obligations: (a) U.S. and its instrumentalities				
(b) States, subdivisions thereof, etc. 5. Other current assets (attach statement)				
5. Other current assets (attach statement) STMT 8		442656	. –	512057
6. Loans to stockholders				
7. Mortgage and real estate loans				
8. Other investments (attach statement)				
9. Buildings and other fixed depreciable assets	156369		267371	
(a) MINUS: Accumulated depreciation	69742	86627	112850	154521
10. Depletable assets				
(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)				
12. Intangible assets (amortizable only)			2162002	
(a) MINUS: Accumulated amortization				2162002
13. Other assets (attach statement)     STMT 9		40934		34939
14. TOTAL ASSETS		4729364		5671443
15. Accounts payable		578998		244516
16. Mortgages, notes, bonds payable in less than 1 year				
17. Other current liabilities (attach statement)STMT_10		4197396	. –	6903797
18. Loans from stockholders				
19. Mortgages, notes, bonds payable in 1 year or more				
20. Other liabilities (attach statement) <b>STMT</b> 11		908893		6300513
21. Capital stock: (a) Preferred stock	104	000	68	240
(b) Common stock	116	220	272	340
22. Paid-in or capital surplus (attach statement) <b>STMT</b>	12	29721449		29035683
23. Retained earnings - Appropriated (attach statement)		2066250		26700405
24. Retained earnings - Unappropriated		-30662592		-36798406
25. MINUS: Cost of treasury stock		15000		15000
26. TOTAL LIABILITIES AND CAPITAL		4729364		5671443

Case 24-11395 Doc 1 Filed 06/19/24 Page 167 of 316

D-20 FORM, PAGE 5 Taxpayer Name: **QLESS**, **INC**.

Taxpayer Identification Number (TIN) 271155885



		220203S51019	
Schedule H-1 - Reconciliation of Income (Los	s) per Books With Incor	ne (Loss) per Return	
<ol> <li>Net income per books</li> <li>Federal income tax</li> <li>Excess of capital losses over capital gains</li> <li>Taxable income not recorded on books this year (itemize)</li> </ol>	- <u>5762542</u> 4687	included in this return (itemize).	
<ul> <li>5. Expenses recorded on books this year and not deducted on this return (itemize).</li> <li>(a) Depreciation 5305</li> <li>(b) Depletion 873210</li> </ul>	STMT 13 878515	8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation (b) Depletion 9. TOTAL of Lines 7 and 8 10. Taxable Income (federal Form 1120, page 1, line 28	STMT 14 <u>109974</u> 109974
6. TOTAL of Lines 1 through 5	-4879340	should equal Line 6 minus Line 9 of this Schedule.)	-4989314
Schedule H-2 - Analysis of Unappropriated Re	etained Earnings per Bo	oks	
1. Balance at beginning of year         2. Net income per books         3. Other increases (itemize)	-30662592 -5762542		
	-	6. Other decreases (itemize).	STMT 15
4. TOTAL of Lines 1. 2 and 3	-36425134	7. TOTAL of Lines 5 and 6 8. Balance at end of year (Line 4 minus Line 7)	373,272 373272 -36798406

#### Schedule I - Income from Rent

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1.					
2.					
3.					
4.					
5.					
6. TOTAL (Enter the total of Col. 3 on	D-20, Line 6.				

Enter total of Col 4, 5, and 6 on appropriate deduction lines.)

\*excludes federal depreciation and additional IRC §179 expenses.

Schedule I-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount

Rev. 10/2022

Case 24-11395 Doc 1 Filed 06/19/24 Page 168 of 316

D-20 FORM, PAGE 6

Taxpayer Name: QLESS, INC. Taxpayer Identification Number (TIN) 271155885



T

Disregarded Entity Nar	ne					TIN	
			_				
Supplemental Information						_	
STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION 07/02/2009		• •		SINESS BEGAN IN DC	3. IRS SERVICE CENTE WAS FILED FOR PER OGDEN, U	ER WHERE FEDERAL RETURN RIOD COVERED BY THIS RETURN: JT
THE CORPORATION'S BOOKS ARE IN THE CARE O	DF -				21 MT	TTTER ATTE	Y, SUITE 210
NICK THOMAS			5.	LOC	ATED AT - PASAL		91105
<ul> <li>During 2022, has the Internal Revenue Service mad adjustments to your federal income tax return, or di returns with the IRS? YES NO</li> <li>If "YES", please submit separately a detailed stater to the address shown on page 9 under Amended re</li> </ul>	d you file any amended X nent, unless previously submitted,				If you have already provi a detailed statement, en it was sent.		MM/DD/YYYY
. Is this corporation unitary with another entity?		YES	X	NO	If yes, explain:		
. Is this return made on the accrual basis?	Х	YES		NO	If no, indicate basis us	sed: Cash Ba	sis Other (specify)
Did you file a franchise tax return with DC for the year 2021?	Х	YES	I	NO	If no, state reason:		
D. Did you withhold DC income tax from wages paid to	your	YES	Х	NO	If no, state reason:		
DC resident employees during 2022?					NO EMPLO	YEES IN DO	1
<ol> <li>Did you file annual information returns, federal forms and 1099, relating to payment of dividends and inter 2022?</li> </ol>		YES	X	NO			
2. (a) Has the business been terminated?		YES	Х	NO	If yes, explain and give	e date:	
(b) Have you moved out of DC?		YES	X	NO			
B. Did you file an annual ballpark fee return?		YES	Х	NO			

\*Schedule J has been deleted.

QLESS, INC.	Case 24-11395	Doc 1	Filed 06/19/24	Page 169 of 316	27-1155885
DC FORM D-20		07	THER INCOME		STATEMENT 1
DESCRIPTION					AMOUNT
GAIN/LOSS ON FO	REIGN EXCHANGE				-164,649.
TOTAL TO FORM D	-20, PAGE 1, L	INE 10			-164,649.
DC FORM D-20		INTERI	IST EXPENSE		STATEMENT 2
DESCRIPTION					AMOUNT
INTEREST EXPENS	Е				242,260.
TOTAL TO FORM D	-20, PAGE 1, L	INE 18			242,260.
DC FORM D-20		INTE	REST INCOME		STATEMENT 3
DESCRIPTION					AMOUNT

INTEREST INCOME		21,623.
TOTAL TO FORM D-20, PAG	GE 1, LINE 5	21,623.

Case 24-11395 Doc 1 Filed 06/19/24 Page 170 of 316

QLESS, INC.

27 - 1155885

DC FORM D-20	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
BAD DEBTS		9,610.
BANK CHARGES		21,267.
COMMISSION		429,402.
COMPUTER EQUIPMENT		13,165.
CONTRACTORS		700,847.
INSURANCE		78,094.
LEGAL FEES		247,652.
MEALS		75.
MEALS NOT SUBJECT TO LIMITATI	ON	47,481.
MISCELLANEOUS EXPENSES		2,334.
OFFICE EXPENSES		16,344.
PAYROLL EXPENSES		56,882.
PROFESSIONAL FEES		732,647.
QLESS ARMENIA EXPENSES		1,122,252.
QUICK BOOK EXPENSE		12,206.
RECRUITING EXPENSES		290,044.
SALES AND MARKETING EXPENSES		332,017.
SECTION 174 ADJUSTMENT		-178,968.
SHIPPING		11,606.
SOFTWARE AND TOOLS		570,568.
TRAVEL EXPENSES		294,076.
UTLITIES		25,958.
EMPLOYEE BENEFIT PROGRAMS		441,280.
ADVERTISING		877,082.
TOTAL TO FORM D-20, PAGE 2, I	JINE 26	6,153,921.
DC FORM D-20 MINIMUM TAX	LIABILITY GROSS RECEIPTS (MTLGR)	STATEMENT 5
FROM SCHEDULE F, LINE 1,	DC SALES APPORTIONMENT FACTOR COLUMN 2 OF D-20. FINANCIAL MOUNT ON SCHEDULE F, LINE 2,	31,056.
2. ADD THE ADJUSTED BASIS OF FOR WHICH GAINS REPORTED	F PROPERTY (LESS DEPRECIATION) D IN LINE 1	0.
3. ADD NON-BUSINESS INCOME A PER D-20, LINE 33	ALLOCATED TO DC REPORTED	0.
4. TOTAL GROSS RECEIPTS (ADD TOTAL TO D-20, LINE 39	D LINES 1, 2 AND 3)	31,056.

8 18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC. Case 24-11395 Doc 1 Filed 06/19/24 Page 171 of 316

QLESS, INC.

27-1155885

STATEMENT(S) 6, 7, 8

05539841

DC SCHEDULE D	TAXES	STATEMENT 6
DESCRIPTION		AMOUNT
ARIZONA TAXES - OTHER		50.
CALIFORNIA TAXES - OTHER		800.
IDAHO TAXES - OTHER		30.
MASSACHUSETTS TAXES - OTHER		456.
NEW JERSEY TAXES - OTHER		750.
OREGON TAXES - OTHER		150.
TEXAS TAXES - OTHER		2,500.
OTHER TAXES		24,336.
PAYROLL TAXES		338,504.
FRANCHISE TAXES		2,381.
TOTAL TO SCHEDULE D		369,957.

DC SCHEDULE A	COST	OF	GOODS	SOLD	_	OTHER	COSTS	STATEMENT 7
DESCRIPTION								AMOUNT
CONTRACTORS EQUIPMENT COST HOSTING SERVERS INSTALLATION AND SET PHONE SERVICES TEXTING SERVICE	UP							129,632. 127,234. 874,416. 450. 68,699. 546,302.
TOTAL TO SCHEDULE A,	LINE 4							1,746,733.

DC SCHEDULE G	OTHER CURRENT ASS	SETS	STATEMENT 8
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES ROU ASSET - SHORT TERM		442,656. 0.	190,140. 321,917.
TOTAL TO SCHEDULE G, LINE 5		442,656.	512,057.

9

18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.

Case 24-11395 Doc 1 Filed 06/19/24 Page 172 of 316

QLESS, INC.

27-1155885

DC SCHEDULE G	OTHER ASSETS		STATEMENT 9
DESCRIPTION		BEGINNING OF TAX YEAR	END OF TAX YEAR
DEPOSITS		40,934.	34,939.
TOTAL TO SCHEDULE G, LINE 13		40,934.	34,939.

DC SCHEDULE G	OTHER	CURRENT	LIABILIT	IES	STATEMENT 10
DESCRIPTION				BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED EXPENSES			-	65,372.	303,422.
SALES TAX PAYABLE				31,638.	39,870.
DEFERRED RENT				30,050.	1.
OTHER CURRENT LIABILITIES				0.	767,492.
CREDIT CARD PAYABLE				12,794.	38,789.
DEFERRED REVENUE - SHORT TH	ERM			4,057,542.	4,538,149.
ACCRUED INTEREST PAYABLE				0.	23,715.
TAX PROVISION				0.	1,734.
OTHER LOANS				0.	112,905.
SAFE LIABILITY				0.	984,598.
LEASE LIABILITY - SHORT TER	RM			0.	93,122.
TOTAL TO SCHEDULE G, LINE 1	17		-	4,197,396.	6,903,797.

DC SCHEDULE G	OTHER	LIABILITIES		STATEMENT 11
DESCRIPTION			BEGINNING OF TAX YEAR	END OF TAX YEAR
LT PORTION OF DEFERRED REVENUE FIN48 TAX LIABILITY BRIDGE BANK TERM LOAN INTERCOMPANY PAYABLES LEASE LIABILITY - LONG TERM			810,058. 98,835. 0. 0. 0.	0. 103,522. 5,000,000. 941,167. 255,824.
TOTAL TO SCHEDULE G, LINE 20			908,893.	6,300,513.

10 STATEMENT(S) 9, 10, 11 18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC. 05539841 Case 24-11395 Doc 1 Filed 06/19/24 Page 173 of 316

QLESS, INC.

27-1155885

DC SCHEDULE G PAID-IN OR CAPITAL S	URPLUS	STATEMENT 12
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PAID-IN OR CAPITAL SURPLUS FROM FED 1120, PG 5	29,721,449.	29,035,683.
TOTAL TO SCHEDULE G, LINE 22	29,721,449.	29,035,683.

DC SCHEDULE H-1	EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN	STATEMENT 13
DESCRIPTION		AMOUNT
DEFERRED REVENUE STOCK WARRANT LIABILITY SECTION 174 ADJUSTMENT PPP LOAN FORGIVENESS LEGAL FEES MEALS AND ENTERTAINMENT		488,034. 67,514. 178,968. 127,237. 11,382. 75.
TOTAL TO SCHEDULE H-1,	LINE 5	873,210.
DC SCHEDULE H-1	DEDUCTIONS IN RETURN	STATEMENT 14

	NOT	CHARGED	AGAINST	BOOK	INCOME	
DESCRIPTION						AMOUNT
ASC 842 ADJUSTMENT STATE TAX DEDUCTION AMORTIZATION						2,836. 2,120. 105,018.
TOTAL TO SCHEDULE H-1,	LINE	8				109,974.

QLESS, INC.

27-1155885

DC SCHEDULE H-2	UNAPPROPRIATED RETAINED EARNINGS OTHER DECREASES	STATEMENT 15
DESCRIPTION		AMOUNT
2020 GAAP ADJUSTMENT 2021 GAAP ADJUSTMENT		184,200. 189,072.
TOTAL TO SCHEDULE H-2,	LINE 6	373,272.

12 18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.



## **D-20 NOL Net Operating Loss Deduction for Tax Years 2000 to 2017** Complete a separate D-20 NOL for each business carrying forward a NOL.

Complete a separate D-20 NOL for each business carrying forward a NOL. Please attach this form to your D-20.

Year	DC net income/loss	Losses claimed	Losses remaining
Oldest loss year 2016	\$ 4917.	\$ 0.	\$ 4917.
Subsequent year 1 2017	33685.	0.	33685.
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
	* Available Unclaimed Loss	Total losses claimed.	Total losses remaining (to be carried forward)
243721 07-19-22	Summary:	\$ 0.	\$ 38602.



## **D-20 NOL Net Operating Loss Deduction for Tax Years 2018 and Later** Complete a separate D-20 NOL for each business carrying forward a NOL. Please

Complete a separate D-20 NOL for each business carrying forward a NOL. Please attach this form to your D-20.

Name of corporation			Taxpayer Identification Number
QLESS INC	DC net income/loss	Losses claimed*	Losses remaining
Year - 2018 and Later Oldest loss year 2018	\$ 8193.	\$ 0.	\$ 8193.
Subsequent year 1 2019	3488.	0.	3488.
<sup>2</sup> 2020	7786.	0.	7786.
<sup>3</sup> 2021	20818.	0.	20818.
4			
5			
6			
7			
8			
9			
10			
Year 2000 to 2017 From D-20 NOL Deduction for Tax Years 2000-2017	DC net income/loss	Losses claimed	Losses remaining
	38602.	0.	38602.

Summary:	Summary: Add losses claimed for tax years	Total losses claimed.		Total losses remaining (to be carried forward).	
	2000 to 2017 to losses claimed for tax years 2018 and later.	\$	0.	\$	78887.
	*Deductions for DC apportioned net operating losses occurring in tax years 2018 and later are limited to 80% of District taxable income computed without regard to the deduction.	<ul> <li>Enter loss on D-2</li> </ul>	20, Line 35.		
Revised 07/2021	243761 07-19-22				

18481011 147227 0553984-0553984.CORP

	Case 24-11395 Doc	1 Filed 06/19/24	Page 177 of 316
Government of the District of Columbia	2022 D-20E SUB District of Columbia Corpora	tion Franchise Tax De	eclaration for Electronic Filing
Tax period ending 12	FOR YOU		CORDS
Name of Corporation QLESS, INC.			Taxpayer Identification Number 271155885
Business Mailing Add 21 MILLER A City			Zip code + 4
PASADENA		CA	91105
<u>PART I - TAX RETU</u>	RN INFORMATION (Whole dollars o	nly)	
1 Tatal DO Tavabla			PLEASE ENTER WHOLE DOLLAR AMOUNTS -18,220_00
	Income (D-20, Line 36)		31,056,00
	eceipts (D-20, Line 39)		250 00
	e 40) e or Overpayment (D-20, Line 4 5 or 46)		250 00 250 00
4. Total amount Due	of Overpayment (D-20, Line 4 5 of 46)		250.00
PART II - PAYMENT	METHOD Direct Debit	Paper C	heck
For Direct Debit enter	the following information:		
I authorize the DC go	vernment to initiate an electronic funds w	ithdrawal (direct debit) entry to	o the financial institution indicated in the tax preparation
software for payment.			
9. Routing Number*	*Routing Numb	er must be nine digits and the first two r	nust be 01 through 12 or 21 through 32.
10. Account Number			
11 Type of Account	Checking Savings		
<u>Part III</u> - Declari	ATION OF CORPORATION OFFICER		
I have also examined a copy	of the return(s) being filed electronically with the Distric	t of Columbia, and all accompanying scl	e electronic portion of the 2022 Corporation Franchise Tax Return. nedules and statements. To the best of my knowledge and belief, nancial institution outside of the U.S. The authorization is valid for
Officer's Signature		Date	
I declare that I have reviewed corporation will have signed		e D-20E are complete and correct to the ration or officer representing the corpora	
knowledge and belief, they ar Mark if also paid	re true, correct and complete. Declaration of preparer is	based on all information of which the pr	reparer has any knowledge.
COHNREZNICK		UK ***	
ERO's Signature	Date	ERO Taxpay	er Identification Number
ERO's Use Only	DO		
Firm's name (or yours	if self-employed) COHNREZNIC	K LLP	
707 WTICUTE	E BLVD, STE 4950 900	17 22	-1478099
Address and ZIP Cod		<u> </u>	-1478099
310-843-970		LIN	
Phone Number			
	leclare that I have examined the above corporation retune nof preparer is based on all information of which I have		tements, and to the best of my knowledge and belief, they are true,
		,	
Paid Preparer Use O			
Preparer's name (type			
Preparer's signature PTIN	* * * * * * * * *		
Firm's name	COHNREZNICK LLF	•	
Firm's address	707 WILSHIRE BL		DS ANG
Firm's EIN	221478099		·····

## PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.

15 Rev. 10/2022 243341 10-25-22 2022.04030 QLESS, INC. 18481011 147227 0553984-0553984.CORP

Electronic Filing PDF Attachment

QLESS, INC. EIN: 27-1155885 FYE: 12/31/22

#### **NET OPERATING LOSS ADJUSTMENT**

	NET OPERATING			
TAX YEAR-END	LOSS PER TAX RETURN	ADJUSTMENT	CARRYFORWARD TO 2021	
	KETOKIN	ADJOSTIVILINI	10 2021	
12/31/2016	4,917		4,917	
12/31/2017	33,685		33,685	
12/31/2018	8,193		8,193	
12/31/2019	3,488		3,488	
12/31/2020	8,574	(788)	7,786	
12/31/2021	21,537	(719)	20,818	
Total	80,394	(1,507)	78,887	

THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.

				ADJUSTMENT
	ADJUSTMENT	ADJUSTMENT TO		TO DC NET
	το βοοκ	TAXABLE	DC	OPERATING
LIST OF ADJUSTMENTS	INCOME	INCOME	APPORTIONMENT	LOSS
12/31/20 FINANCIAL				
STATEMENT REVIEW GAAP				
ADJUSTMENT	(184,199)	(184,199)	0.4278%	(788)
12/31/21 FINANCIAL				
STATEMENT REVIEW GAAP				
ADJUSTMENT	(189,072)	(189,072)	0.3802%	(719)
TOTAL ADJUSTMENT	(373,272)	(373,272)		(1,507)

Case 24-11395 Doc 1 Filed 06/19/24 Page 180 of 316

## TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

### FOR THE YEAR ENDING

DECEMBER 31, 2022

#### PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

#### PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

#### AMOUNT OF TAX:

TOTAL TAX	\$ 0
LESS: PAYMENTS AND CREDITS	\$ 0
PLUS: OTHER AMOUNT	\$ 0
PLUS: INTEREST AND PENALTIES	\$ 0
NO PAYMENT REQUIRED	\$

#### **OVERPAYMENT:**

NOT APPLICABLE

#### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-SO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE FLORIDA DOR. DO NOT MAIL A COPY OF THE RETURN.

#### **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM 8879-SO TO US BY NOVEMBER 1, 2023.

SPECIAL INSTRUCTIONS:

# State-Only e-file Signature Authorization

► Do not send to the Taxing Authority. This is not a tax return.

Keep this form for your records.

27 1155885

FEIN

Part I	<b>Electronically Filed States</b>
QLESS,	INC.
Taxpayer nam	le

# FLORIDA

8879-SO

Part II Declaration and Signature Authorization (Be sure you ge	t and keep a copy of your return)
Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return a the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermed to send my return to the taxing authority and to receive from the taxing authority ( <b>a</b> ) an acknowledge reason for any delay in processing the return or refund, and ( <b>c</b> ) the date of any refund. If applicable, initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account ind owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry financial institutions involved in the processing of the electronic payment of taxes to receive confiden related to the payment. I further acknowledge that the personal identification number (PIN) below is a my Electronic Funds Withdrawal Consent.	liate service provider, transmitter, or electronic return originator (ERO) ement of receipt or reason for rejection of the transmission, <b>(b)</b> the I authorize the taxing authority and its designated Financial Agent to icated in the tax preparation software for payment of my state taxes to this account. I further understand that this also authorizes the tital information necessary to answer inquiries and resolve issues
Taxpayer's PIN: check one box only	
X I authorize COHNREZNICK LLP ERO firm name as my signature on my tax year 2022 electronically filed income tax return.	to enter or generate my PIN 55885 Enter five numbers, but do not enter all zeros
I will enter my PIN as my signature on my tax year 2022 electronically filed income PIN and your return is filed using the Practitioner PIN method. The ERO must comp	
Your signature 🕨	Date ►
Title SENIOR DIRECTOR	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	96289622147
	do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the tax year 20 indicated above.	22 electronically filed income tax return for the taxpayer
ERO's signature  COHNREZNICK LLP	Date  10/08/2023

# ERO Must Retain This Form Do Not Submit This Form to the Taxing Authority

219875 04-01-22

# Case 24-11395 Doc 1 Filed 06/19/24 Page 182 of 316

# Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return

#### 1019 F-7004 R. 01/17 Rule 12C-1.051 Florida Administrative Code Effective 01/17

# FOR YOUR RECORDS

# Information for Filing Florida Form F-7004

F-7004 R. 01/17

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

**Penalties** - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

**Signature** - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

**The Florida Form F-7004 must be filed** - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

 B. Type of federal return filed:
 1120

 Contact person for questions:
 JAMES HARVEY

 Telephone number:
 415-309-2787

 Contact Person email address:
 JAMES.HARVEY@QLESS.C

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tenta-	3.
tively determined due with this extension request.	0.00
Transfer the amount on Line 3 to Tentative tax due	

Transfer the amount on Line 3 to **Tentative tax due** .

# Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

	Florida Department of Revenue - Corporate I	Return ONDO	1019
244961	Florida Tentative Income / Franchise Tax		F-7004
10-04-22	and Application for Extension of Time to Fi		R. 01/17
Name Address City/State/ZIP	QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105	Taxable Year End       12/31/22         FILING STATUS       Partnership       S-corporation         All other federal returns to be file	

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here:		Date:		
271155885	0	0	0	
3	0	0	0	
20221231	0	0	0	
0	0	0	0	
001	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	

ttive X ttive A ttive X	-4,989,314.00 23,741.00 -4,965,573.00 1,207.00
tive tive tive	23,741.00 -4,965,573.00
tive tive tive	23,741.00 -4,965,573.00
ntive X	-4,965,573.00
ntive X	-4,965,573.00
utive X	-4,965,573.00
NIVE	I,20/•00
	-4,966,780.00
ntive X ntive X	-239,001.00
itive <u>X</u> itive	255,001.00
	0.00
	0.00
	0.00
	0.00
	0.00
al 🕨	
nt coupon.	
• • • • • • • • • • • • • • • • • • • •	
	ent coupon. coupon

Do Not Detach

YEAR ENDING <u>12/31/22</u>

R. 01/23

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name QLESS, I Address 21 MILLE City/State/ZIP PASADENA	R ALLEY, SUITE 210	•	, return is due 1st day of the 4th month after the close of the herwise return is due 1st day of the 5th month after the close ear.
* * * * * * * * *	2374100	0	0
20220101	120700	0	0
20221231	-496678000	0	0
00000000	0.048120	0	0
001	0	0	0
201	0	0	0
-498931400	0	0	0
0	0	0	0



QLESS, INC.

1019 F-1120 R. 01/23 Page 2 of 6

FEIN 27-1155885

-	This return is considered incomplete unle eturn is not signed, or improperly signed and verified, it will be subject to ied. Your return must be completed in its entirety.					your return is properly signed	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct,						
	and complete. Declaration of preparer (other than taxpayer) is based on all information	of which prep	arer has any knowl	ledge.			
Sign here	Signature of officer (must be an original signature) Date	1	Title S	ENIOF	R DIREC	TOR	
Paid preparers only	Preparer's DARIN JAMES Date10/0	0	Preparer check if self- employed	Prepar PTIN		0361390	
5	Firm's name (or yours if self-employed) COHNREZNICK LLP 707 WILSHIRE BLVD, STE	4950			FEIN ►	22-1478099	
	and address LOS ANGELES, CA				ZIP 🕨 90	017	
	All Taxpayers Must Answer Questions	A thro	uah <b>L</b> Belo	w - See	Instruction	IS	
<ul> <li>B. Florida :</li> <li>C. Florida :</li> <li>D</li></ul>	Fincorporation: CALIFORNIA   Secretary of State document number: consolidated return? YES N0 X Initial return Final return (final federal return filed) al Business Activity Code (as pertains to Florida) 3210 a extension of time was timely filed? YES X N0 X If yes, attach list.	- FEIN Nam G-3. The f H. Loca <u>21</u> City, I. Taxp J. Enter a) L K. Cont a) 0 b) 0	tion of corporate bo MILLER State, ZIP: ayer is a member of date of latest IRS ist years examined act person concern Contact person tele	rent has sales ooks: ALLE ASADE of a Florida pa audit: t: timing this return phone number nail address:	n: s, property, or payr ENA , CA artnership or joint v n: <u>JAMES</u> er: <u>415-3</u> <u>NICK . T</u>	roll in Florida? YES NOX TE 210 91105 renture? YES NOX HARVEY	
Visit th inform inform Make o F S T If you F	ne Information Reporting Requirement ne Department website to obtain a list of the required nation, due date, penalty rate and application to enter the nation. (See section 220.27, Florida Statutes) ere to Send Payments and Returns check payable to and mail with return to: Florida Department of Revenue 5050 W Tennessee Street Tallahassee FL 32399-0135 are requesting a refund (Line 19), send your return to: Florida Department of Revenue PO Box 6440		Depa Write Sign Attac Attac	e your c artment e your F your ch ch a cop ch a cop	of Revenu EIN on you neck and re by of your t	ur check. eturn. federal return. Florida Form F-7004	



1019 F-1120 R. 01/23 Page 3 of 6

NAME QLESS, INC.

FEIN 27-1155885 TAXABLE YEAR ENDING 12/31/22

	1	
Interest excluded from federal taxable income (see instructions)	1.	
2. Undistributed net long-term capital gains (see instructions)	2.	
8. Net operating loss deduction (attach schedule)	3.	
. Net capital loss carryover (attach schedule)	4.	
5. Excess charitable contribution carryover (attach schedule)	5.	
5. Employee benefit plan contribution carryover (attach schedule)	6.	
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	
<ol> <li>Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)</li> </ol>	8.	
. Guaranty association assessment(s) credit	9.	
0. Rural and/or urban high-crime area job tax credits	10.	
1. State housing tax credit	11.	
2. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12.	
3. New worlds reading initiative credit	13.	
4. Strong families tax credit (credit for contributions to eligible charitable organizations)	14.	
5. New markets tax credit	15.	
6. Entertainment industry tax credit	16.	
7. Research and development tax credit	17.	
8. Energy economic zone tax credit	18.	
9. s. 168(k), IRC, special bonus depreciation	19.	
0. Depreciation of qualified improvement property (see instructions)	20.	
1. Expenses for business meals provided by a restaurant (see instructions)	21.	23,741.
2. Film, television, and live theatrical production expenses (see instructions)	22.	-
3. Internship tax credit	23.	
4. Other additions (attach schedule)	24.	
5. Total Lines 1 through 24. Enter total on this line and on Page 1, Line 3.	25.	23,741.
Schedule II - Subtractions from Federal Taxable Income . Gross foreign source income less attributable expenses		25,7110
Schedule II - Subtractions from Federal Taxable Income		
Schedule II - Subtractions from Federal Taxable Income . Gross foreign source income less attributable expenses		
Chedule II - Subtractions from Federal Taxable Income  Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income	1.	
Schedule II - Subtractions from Federal Taxable Income Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income		
Chedule II - Subtractions from Federal Taxable Income  Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income  (b) plus s. 862, IRC, dividends  (c) plus s. 951A, IRC, income  (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 951A, IRC, income (c) plus s. 9		
Schedule II - Subtractions from Federal Taxable Income         Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$		
Cross foreign source income less attributable expenses  (a) Enter s. 78, IRC, income  (b) plus s. 862, IRC, dividends  (c) plus s. 951A, IRC, income  (d) less direct and indirect expenses and related amounts deducted		
Schedule II - Subtractions from Federal Taxable Income         Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$         (b) plus s. 862, IRC, dividends       \$         (c) plus s. 951A, IRC, income       \$         (d) less direct and indirect expenses       and related amounts deducted         under s. 250, IRC       \$         Total       ►		
Schedule II - Subtractions from Federal Taxable Income  Gross foreign source income less attributable expenses  (a) Enter s. 78, IRC, income  (b) plus s. 862, IRC, dividends  (c) plus s. 951A, IRC, income  (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC  (c) s  (c) Total		
Schedule II - Subtractions from Federal Taxable Income         . Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$         (b) plus s. 862, IRC, dividends       \$         (c) plus s. 951A, IRC, income       \$         (d) less direct and indirect expenses       and related amounts deducted         under s. 250, IRC       \$         . Gross subpart F income less attributable expenses		
Schedule II - Subtractions from Federal Taxable Income         . Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$	1.	
Schedule II - Subtractions from Federal Taxable Income         Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$         (b) plus s. 862, IRC, dividends       \$         (c) plus s. 951A, IRC, income       \$         (c) plus s. 951A, IRC, income       \$         (d) less direct and indirect expenses       and related amounts deducted         under s. 250, IRC       \$         Cross subpart F income less attributable expenses       Total         (a) Enter s. 951, IRC, subpart F income \$	1.	
Schedule II - Subtractions from Federal Taxable Income         Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$	2.	0.
Schedule II - Subtractions from Federal Taxable Income         Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$         (b) plus s. 862, IRC, dividends       \$         (c) plus s. 951A, IRC, income       \$         (d) less direct and indirect expenses       and related amounts deducted         under s. 250, IRC       \$         (e) plus s. 951, IRC, subpart F income less attributable expenses       Total         (f) less direct and indirect expenses       Total         (g) less direct and indirect expenses       Total         (h) plus s. 951, IRC, subpart F income \$	1. 2. 3.	0. 0. 0.
Schedule II - Subtractions from Federal Taxable Income         Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$         (b) plus s. 862, IRC, dividends       \$         (c) plus s. 951A, IRC, income       \$         (d) less direct and indirect expenses         and related amounts deducted         under s. 250, IRC       \$         Coross subpart F income less attributable expenses         (a) Enter s. 951, IRC, subpart F income §	1. 2. 3. 4.	0. 0. 0.
Schedule II - Subtractions from Federal Taxable Income         Scross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$	1. 2. 3. 4. 5.	0.00.
Schedule II - Subtractions from Federal Taxable Income  Gross foreign source income less attributable expenses  (a) Enter s. 78, IRC, income  (b) plus s. 862, IRC, dividends  (c) plus s. 951A, IRC, income  (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC  (c) for s.	1.       2.       3.       4.       5.       6.	0. 0. 0.
Schedule II - Subtractions from Federal Taxable Income         Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$	1.       2.       3.       4.       5.       6.       7.	0. 0. 0. 0.
Schedule II - Subtractions from Federal Taxable Income         Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$	1.       2.       3.       4.       5.       6.       7.       8.       9.	0. 0. 0. 0.
Schedule II - Subtractions from Federal Taxable Income  Gross foreign source income less attributable expenses  (a) Enter s. 78, IRC, income  \$	1.       2.       3.       4.       5.       6.       7.       8.       9.       10.	0. 0. 0. 0.
Schedule II - Subtractions from Federal Taxable Income         Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$	1.       2.       3.       4.       5.       6.       7.       8.       9.	0. 0. 0.

18481011 147227 0553984-0553984.CORP

CORP 2022.04030 QLESS, INC.



NAME QLESS, INC.

# FEIN 27-1155885 TAXABLE YEAR ENDING 12/31/22

Schedule III - Apportionment of Adjusted Federal Income						
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.						
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	see note on Pg 9 of the instructions	(e) Weighted Factors Rounded to Six Decimal Places	
1. Property (Schedule III-B below)	0.00	1,629,470.00	.000000	X 25% or	.000000	
2. Payroll	137,765.00	5,161,865.00			.006672	
3. Sales (Schedule III-C below)	704,872.00	8,503,223.00	.082895	X 50% or	.041448	
4. Apportionment fraction (Sum of I	Lines 1, 2, and 3, Column [e]). Ente	er here and on Schedule IV, Line	2.		.048120	
III-B For use in computing aver	age value of property	WITHIN	FLORIDA	TOTAL EV	/ERYWHERE	
(use original cost).		a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work	in process, finished goods					
2. Buildings and other depreciable	assets	0.00	0.00	156,369.00	267,371.00	
3. Land owned						
4. Other tangible and intangible (financial	org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)		0.00	0.00	156,369.00	267,371.00	
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)       6a.       0.00         b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)       6b.       211,870.00         7. Rented property (8 times net annual rent)       a.       0.000         a. Rented property in Florida       7a.       0.000         b. Rented property Everywhere       7b.       1,417,600.00         8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).       8a.       0.000         a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property Everywhere       8a.       0.000         b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere       8b.       1,629,470.00					,600.00	
III-C Sales Factor	I-C Sales Factor TOTAL WITHIN FLORIDA (Numerator) (Denominator)					
1. Sales (gross receipts)				N/A	N1/A	
2. Sales delivered or shipped to Flo	· · ·			0.00	N/A	
	Ities, interest, etc. when applicable				8,503,223.00	
4. TOTAL SALES (Enter on Schedu	le III-A, Line 3, Columns [a] and [b	D I		/04,8/2.00	8,503,223.00	
III-D Special Apportionment Fra	actions (see instructions)	(a	) WITHIN FLORIDA (I	o) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places	
1. Insurance companies (attach co	1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services						

S	chedule IV - Computation of Florida Portion of Adjusted Federal	Incom	ne	
1.	Apportionable adjusted federal income from Page 1, Line 6	1.	-4966780.00	
2.	Florida apportionment fraction (Schedule III-A, Line 4)	2.	.048120	
3.	Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	-239,001.00	
4.	Net operating loss carryover apportioned to Florida (attach schedule; see instructions) STMT 3	4.	0.00	S
5.	Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.		
6.	Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.		
7.	Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.		
8.	Total carryovers apportioned to Florida (add Lines 4 through 7)	8.		
9.	Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	-239,001.00	

STMT 2

244092 10-04-22

# Case 24-11395 Doc 1 Filed 06/19/24 Page 187 of 316



1019 F-1120 R. 01/23 Page 5 of 6

# NAME QLESS, INC.

# \_ FEIN 27-1155885 TAXABLE YEAR ENDING 12/31/22

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high-crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. New worlds reading initiative credit (attach certificate)	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	14.
15. New markets tax credit	15.
16. Entertainment industry tax credit	16.
17. Research and development tax credit	17.
18. Energy economic zone tax credit	18.
19. Internship tax credit	19.
20. Other credits (attach schedule)	20.
21. Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11).	
Enter total credits on Page 1, Line 12	21.

# Schedule R - Nonbusiness Income

### Line 1. Nonbusiness income (loss) allocated to Florida

	Туре			Amount
	Total allocated to Florida		1	
	(Enter here and on Page 1, Line 8)			
Line 2.	Nonbusiness income (loss) allocated elsewhere			
	Type	State/country allocated to		Amount
	Total allocated elsewhere		2.	
Line 3.	Total nonbusiness income			
	Grand total. Total of Lines 1 and 2		3	
	(Enter here and on Schedule II, Line 7)			

244093 10-04-22



	EQLESS, INC.	Catin	FEIN <u>27-115588</u>		12/00	
			nated Tax Worksheet eginning On or After January 1,	2023		
				1.	\$_	
2.	Florida exemption \$50,000 (Men	nbers of a controlled group,	see instructions on Page 14 of			
	Florida Form F-1120N)					
					\$_	
4.	Total Estimated Florida tax (5.5%	% of Line 3)	\$			
	Less: Credits against the tax		\$	4.	\$_	
5.	Computation of installments:					
•.	Payment due dates and	If 6/30 year end, last	day of 4th month			
	payment amounts:	•	5th month - Enter 0.25 of Line 4	5a		
			n - Enter 0.25 of Line 4		-	
			n - Enter 0.25 of Line 4		-	
			r - Enter 0.25 of Line 4		-	
		Lust day of hoodi you			-	
	NOTE: If your estimated tax sh below to determine the amend	nould change during the yea ded amounts to be entered o	r, you may use the amended computatio on the declaration (Florida Form F-1120ES	n 8).		
1.	Amended estimated tax			1.	\$	
	Less:				· -	
	(a) Amount of overpayment from	n last vear elected for credit	:			
	()	5	2a \$			
			-1120ES) 2b \$			
			······································		\$	
3.					_	
4			nstallments)		÷ - \$	
•••				····· ···	* -	

# References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

<sup>244094 08-24-23</sup> 

18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.



QLESS, INC.

1019 F-1120 R. 01/23

	FEIN27-1155885		
		DATA Page 1 of 2	
****	0	0	0
-496557300	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	2374100	0
0	0	0	120700
0	0	0	0
0	0	0	0
0	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
0000000	0	0	0
0	0	0	0
0	0	0	13776500
0	0	0	70487200
0	0	0	162947000
0	0	0	516186500
0	0	0	850322300
0	0	0	0.048120



QLESS, INC.

1019 F-1120 R. 01/23

	FEIN27-1155885		
		DATA Page 2 of 2	
****	0	0	0
0	70487200	0	0
0	0	0	0
0	850322300	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0.00000	0	0
0	0.00000	0	0
0	0	0	0
0	0	0	0
21187000	0	0	0
141760000	0	0	0
0	0	0	0
15636900	-496678000	0	0
0	-23900100	0	0
0	0	0	0
0	0	0	0
26737100	0	0	0
0	0	0	0
0	-23900100	0	0

Case 24-11395 Doc 1 Filed 06/19/24 Page 191 of 316

QLESS, INC.

27-1155885

FL F-1120	DISALLOWED	BONUS	SUBTRACTION	FROM	INCOME	STATEMENT 1
DESCRIPTION						AMOUNT
1/7TH OF DISALLOWED BONUS DEPRECIATION - 2020					1,207.00	
TOTAL TO FORM F-1120,	SCHEDULE II,	LINE	10			1,207.00

STATEMENT(S) 1 05539841 QLESS, INC.

27-1155885

FL F-3	1120	NET OPI	ERATING LOSS CAR	RYOVERS	STATEMENT 2
YEAR	APPORTION FACTOR	CURRENT YR NOL/ SEC 382/ SRLY LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2016	.00000	0.00	286,087.00	0.00	286,087.00
2017	.00000	0.00	406,189.00	0.00	406,189.00
2018	.00000	0.00	361,742.00*	0.00	361,742.00
2019	.00000	0.00	214,059.00*	0.00	214,059.00
2020	.09528	0.00	173,454.00*	0.00	173,454.00
2021	.06609	0.00	451,579.00*	0.00	451,579.00
TOTAL	NET OPERAT	ING LOSS CARRYON	VER AVAILABLE		1,893,110.00

\* SUBJECT TO 80% TAXABLE INCOME LIMIT OF

0.00

QLESS, INC.

27-1155885

FL F-1120 CURRE	ENT YEAR NOL DEDUCTION	STATEMENT 3
AVAILABLE NOL CARRYOVER FLORIDA TAXABLE INCOME BEFORE NO	)L	1,893,110. -239,001.
NOL DEDUCTION TO F-1120, PAGE 4,	LINE 4	0.
REMAINING NOL CARRYOVER TO FUTUR	RE YEARS	2,132,111.

Electronic Filing PDF Attachment

QLESS, INC. EIN: 27-1155885 FYE: 12/31/22

# **NET OPERATING LOSS ADJUSTMENT**

	NET OPERATING		ADJUSTED NET OPERATING LOSS
	LOSS PER TAX		CARRYFORWARD
TAX YEAR-END	RETURN	ADJUSTMENT	TO 2021
12/31/2016	286,087		286,087
12/31/2017	406,189		406,189
12/31/2018	361,742		361,742
12/31/2019	214,059		214,059
12/31/2020	191,004	(17,550)	173,454
12/31/2021	467,199	(15,621)	451,579
Total	1,926,280	(33,171)	1,893,109

THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.

				ADJUSTMENT
	ADJUSTMENT	ADJUSTMENT TO		TO FL NET
	το βοοκ	TAXABLE	FL	OPERATING
LIST OF ADJUSTMENTS	INCOME	INCOME	APPORTIONMENT	LOSS
12/31/20 FINANCIAL				
STATEMENT REVIEW GAAP				
ADJUSTMENT	(184,199)	(184,199)	9.5279%	(17,550)
12/31/21 FINANCIAL				
STATEMENT REVIEW GAAP				
ADJUSTMENT	(189,072)	(189,072)	8.2617%	(15,621)
TOTAL ADJUSTMENT	(373,272)	(373,272)		(33,171)

Case 24-11395 Doc 1 Filed 06/19/24 Page 196 of 316

# TAX RETURN FILING INSTRUCTIONS

GEORGIA FORM 600

# FOR THE YEAR ENDING

DECEMBER 31, 2022

# PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

# PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

# AMOUNT OF TAX:

TOTAL TAX	\$ 0
LESS: PAYMENTS AND CREDITS	\$ 0
PLUS: OTHER AMOUNT	\$ 0
PLUS: INTEREST AND PENALTIES	\$ 0
NO PAYMENT REQUIRED	\$

### **OVERPAYMENT:**

NOT APPLICABLE

# MAKE CHECK PAYABLE TO:

NOT APPLICABLE

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-C TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE GA DOR. DO NOT MAIL A COPY OF THE RETURN.

# **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM 8453-C TO US BY OCTOBER 16, 2023.

SPECIAL INSTRUCTIONS:

# Case 24-11395 Doc 1 Filed 06/19/24 Page 197 of 316

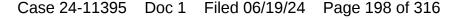
Form <b>7004</b>	I
(Rev. December 2018)	
Department of the Treasury	
Internal Revenue Service	L

Application for Automatic Extension of Time To File Certain

Form <b>7004</b> (Rev. December 2018)	ev. December 2018) Business income Tax, information, and Other Returns					
Department of the Treasury Internal Revenue Service			ication for each return. Istructions and the latest information.			
Name				entifying number		
~	treet, and room or suite no. (If P.O. box, see in	nstructions.)	RECORD	27-1155885		
	LLER ALLEY, SUITE 21	LO				
			e or state, and country (follow the country's practice for e	entering postal code).)		
PASAI	DENA, CA 91105					
	extension by the due date of the return.	See instructi	ons before completing this form.			
			Tax, Information, and Other Returns.	See instructions.		
1 Enter the form code	e for the return listed below that this app	lication is fo	r	12		
Application		Form	Application	Form		
Is For:		Code	Is For:	Code		
Form 706-GS(D)		01	Form 1120-ND (section 4951 taxes)	20		
Form 706-GS(T)		02	Form 1120-PC	21		
Form 1041 (bankruptcy	estate only)	03	Form 1120-POL	22		
Form 1041 (estate othe	r than a bankruptcy estate)	04	Form 1120-REIT	23		
Form 1041 (trust)		05	Form 1120-RIC	24		
Form 1041-N		06	Form 1120S	25		
Form 1041-QFT		07	Form 1120-SF	26		
Form 1042		08	Form 3520-A	27		
Form 1065		09	Form 8612	28		
Form 1066		11	Form 8613	29		
Form 1120		12	Form 8725	30		
Form 1120-C		34	Form 8804	31		
Form 1120-F		15	Form 8831	32		
Form 1120-FSC		16	Form 8876	33		
Form 1120-H		17	Form 8924	35		
Form 1120-L		18	Form 8928	36		
Form 1120-ND		19				
Part II All Filers	Must Complete This Part					
2 If the organization i	s a foreign corporation that does not ha	ve an office o	or place of business in the United States,			
check here						

2	check here			
3	If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here			
	If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.		5	
	If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here The application is for calendar year 2022, or tax year beginning, and ending, and ending		▶[	
b	Short tax year. If this tax year is less than 12 months, check the reason: Initial return Final return Change in accounting period Consolidated return to be filed Other (See instructions - attach explanation).		tion.)	
6	Tentative total tax	6		0.
7	Total payments and credits. See instructions	7		0.
8	Balance due. Subtract line 7 from line 6. See instructions	8		0.
LH	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Form <b>7004</b> (Rev. 12-2	2018)

219741 04-01-22



Form IT-303 (Rev. 07/23/20)



.

Georgia Department of Revenue APPLICATION FOR EXTENSION OF TIME FOR FILING STATE INCOME TAX RETURNS

## **IMPORTANT! ACCEPTANCE OF FEDERAL EXTENSIONS**

A FEDERAL EXTENSION WILL BE ACCEPTED AS A GEORGIA EXTENSION IF: (1) THE RETURN IS RECEIVED WITHIN THE TIME AS EXTENDED BY THE INTERNAL REVENUE SERVICE, AND (2) A COPY OF THE FEDERAL EXTENSION(S) IS ATTACHED TO THE RETURN WHEN FILED. **NOTE: THERE IS NO EXTENSION FOR PAYMENT OF TAX. INCOME TAX OR CORPORATE NET WORTH TAX MUST BE PAID BY THE PRESCRIBED DUE DATE TO AVOID THE ASSESSMENT OF LATE PAYMENT PENALTIES AND INTEREST.** 

### THIS IS NOT A PAYMENT FORM! REMIT PAYMENT ON FORM IT-560 OR IT-560C.

COMPLETE THIS FORM IN TRIPLICATE. MAIL THE ORIGINAL PRIOR TO THE RETURN DUE DATE AND KEEP 2 COPIES. ATTACH ONE COPY TO RETURN WHEN FILED AND RETAIN ONE COPY FOR YOUR RECORDS. WE WILL NOTIFY YOU ONLY IF YOUR EXTENSION REQUEST IS DENIED.

SECTION 1				
NAME QLESS, INC.				ECURITY NO. OR FEIN
ADDRESS 21 MILLER ALLEY, SUITE 210	CITY PASADENA		STATE CA	ZIP CODE 91105
NAME OF TAXPAYER FOR WHOM EXTENSION IS FILED, IF DIFFE	RENT FROM ABOV	/E		
ADDRESS	CITY		STATE	ZIP CODE
SECTION 2				
APPLICATION IS HEREBY MADE FOR AN EX	TENSION OF TIME F	FOR THE FOLLOWING STATE TA	X RETURN:	
1. Type of return (check proper type):	2. For	Period Ending: 3.	Extension F	Requested To:
IndividualForm 500				
PartnershipForm 700				
FiduciaryForm 501 (5 1/2 months only)				
X Corporate Income Tax		12/31/22	10/	16/23
X Net Worth Tax (For Period Beginning) 01/01/	23			
Other Contraction Other		EAADI		
NOTE: Except as noted above, extensions are limited by law to	six (6) months, pleas	se see line 6 of instructions.	72	
SECTION 3				
REASON FOR EXTENSION:	INT			
		a state the		

I AFFIRM THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND ACCURATE. THIS AFFIRMATION IS MADE UNDER THE PENALTIES PRESCRIBED BY LAW.

_	10/08	/23	DARIN	JAMES				
	DATE	≣		SIGNATURE OF	TAXPAYER O	R AUTHORIZED AGENT		
	245231 04-01-22 CCH			IF SIGNED BY AGE	NT, AGENT'S 150 20	FIRM OR TRADE NAME		
18481011	147227	0553984-0553	984.CO	RP 2022.04030	QLESS,	INC.	05539	841

QLESS, INC.

### 27-1155885

# APPLICATION FOR EXTENSION OF TIME FOR FILING STATE INCOME TAX RETURNS



- Extensions of time for filing returns may be granted in cases of sickness, absence, or other disability or whenever reasonable cause exists.
- This form must be completed in triplicate. Mail the original form prior to the return due date to: Georgia Department of Revenue, Processing Center, P.O. Box 740320, Atlanta, GA 30374-0320.
- 3) One copy of the extension must be attached to the completed return when filed. Retain the other copy for your records.
- 4) Separate applications for extension must be submitted for husband and wife if separate returns are filed.
- 5) An extension request will not be accepted by telephone. Lists are not acceptable. Application must be made on this form, unless a copy of an approved federal extension is attached to your Georgia return when filed. If applicable, explain why it was not necessary to request a federal filing extension.
- 6) Additional time to file, within the six month limit, will require the submission of a new form along with a copy of the first extension request. For tax years beginning on or after January 1, 2016, a fiduciary will only be granted an extension up to 5 and one-half months.
- 7) Corporations filing consolidated returns must file a separate application for extension for filing Net Worth Tax for each subsidiary. Corporations not filing consolidated returns may request an extension for filing income tax and net worth tax returns on one form.
- 8) Interest accruing for months beginning before July 1, 2016 accrues at the rate of 12 percent annually. Interest that accrues for months beginning on or after July 1, 2016 accrues as provided by Georgia Code Sections 48-7-81 and 48-13-79.
- 9) Late filing penalty on returns filed after the due date prescribed by law will be assessed at a rate of 5% per month computed on the tax not paid by the original due date. Late payment penalty will be assessed at a rate of 1/2 of 1% per month if tax due on the return is not paid by the date prescribed by law. Late payment penalty accrues regardless of an approved extension request. Individuals and fiduciaries should remit payment due on Form IT-560. Corporations should remit payment on Form IT-560 C. Composite tax should be remitted on Form IT-560C. Late filing and late payment penalties together cannot exceed 25%.

**NOTE: Remitting payment with Form IT-560 or IT-560C will not extend the due date for filing your return.** For filing a Net Worth Tax Return after the date prescribed by law, there shall be assessed a penalty amounting to 10% of the tax shown to be due. For failure to pay tax within the time prescribed by law, there shall be due an additional penalty amounting to 10% of the tax shown to be due.

DO NOT FILE

245232 04-01-22



Georgia Form 600 (Rev. 07/20/22) Page 1 Corporation Tax Return Georgia Department of Revenue 2022 Income Tax Return		
Beginning 01-01-2022		
Ending $12 - 31 - 2022$		
2023 Net Worth Tax Return Initial Net Worth (attach approval)	Address Change Name Change	UET Annualization Exception attached
Beginning       01-01-2023       Amended Return       GA Consolidated Subsidiary         Image: Beginning       01-01-2023       Amended due to       Consolidated Parent FEIN         Image: Beginning       01-01-2023       Image: Beginning       Consolidated Parent FEIN	Final (attach explanation	IT-552 attached X Extension attached
Ending <u>12-31-2023</u>		
A. Federal Employer ID Number 27-1155885B. Name (Corporate title) Please give former name if appli QLESS, INC.	cable.	
C. GA Withholding Tax Account Number D. Business Address (Number and Street) 21 MILLER ALLEY, SUITE 210		
E. GA Sales Tax Registration Number F. City or Town G. State PASADENA CA	H. ZIP Code I. 91105	. Foreign Country Name
J. NAICS CodeK. Date of IncorporationL. Incorporated under laws of what state51321007/02/2009CA	Ν	M. Date admitted into GA
N. Location of Records for Audit (City, State & Country)O. Corporation's Telephone NumberPASADENACA415-309-2787	P. Type of Business QUEUE MGMI	
Q. Indicate latest taxable year adjusted by IRS R. And when reported	ed to Georgia	
COMPUTATION OF GEORGIA TAXABLE INCOME AND TAX (ROUND TO NEAREST DOLL	AR)	SCHEDULE 1
	,	
1. Federal Taxable Income (Copy of Federal return and supporting schedules must be attached)	1.	-4989314 142821
<ol> <li>Additions to Federal Income (from Schedule 4)</li> <li>Total (add Lines 1 and 2)</li> </ol>		-4846493
<ol> <li>4. Subtractions from Federal Income (from Schedule 5)</li> </ol>		2378773
5. Balance (Line 3 less Line 4)		-7225266
6. Georgia Net Operating loss deduction (from Schedule 9; See IT-611 instructions for 80% limitation)	6.	
7. Georgia Taxable Income (Line 5 less Line 6 or Schedule 7, Line 9)	7.	-173457
8. Income Tax (5.75% x Line 7)	8.	
COMPUTATION OF NET WORTH TAX (ROUND TO NEAREST DOLL	AR)	SCHEDULE 2
1 Total Capital stack issued	4	340
Total Capital stock issued      Paid in or Capital surplus		29035683
<ol> <li>Paid in or Capital surplus</li> <li>Total Retained earnings</li> </ol>		-36798406
4. Net Worth (Total of Lines 1, 2, and 3)	4.	-7762383

 5. Ratio (GA. and Dom. For. Corp. - 100%) (Foreign Corp. - Line 4, Sch. 8)
 5. • 023333

 6. Net Worth Taxable by Georgia (Line 4 x Line 5)
 6. -181120

 7. Net Worth Tax (from table in instructions)
 7.

Georgia Form 600/2022 Page 2



(Corporation) Name QLESS , INC .			FEIN <u>27-1155</u>	885
COMPUTATION OF TAX DUE OR OVERPAYMENT	(ROUND TO NEAF	REST DOLLAR)	SCHEDULE 3	
<ol> <li>Total Tax (Schedule 1, Line 8, and Schedule 2, Line 7)</li> <li>Credits and payments of estimated tax</li> <li>Schedule 10* Credits (must be filed electronically)</li> <li>Withholding Credits (G2-A, G2-LP, and/or G2-RP)</li> <li>Schedule 10B Refundable tax credits (must be filed electronically)</li> <li>Balance of tax due (Line 1, less Lines 2, 3, 4, and 5)</li> <li>Amount of overpayment (Lines 2, 3, 4, and 5 less Line 1)</li> <li>Interest due (See Instructions)</li> <li>Form 600 UET (Estimated tax penalty)</li> <li>Other penalty due (See Instructions)</li> <li>Amount Due (Add Lines 6, 8, 9 and 10)</li> <li>Amount to be credited to 2023 estimated tax (Line 7 less Lines 8-10)</li> <li>*NOTE: Any tax credits from Schedule 10 may be address of the set of th</li></ol>	A. Income Tax	- Refunded	C. Total 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. : net worth tax liability	<i>.</i>
SEE PAGE 3 SIGNATURE SEC	TION FOR DIREC	T DEPOSIT OP	TIONS	
ADDITIONS TO FEDERAL TAXABLE INCOME	(ROUND TO NEAF	REST DOLLAR)	SCHEDULE 4	
<ol> <li>State and municipal bond interest (other than Georgia or politic</li> <li>Net income or net profits taxes imposed by taxing jurisdictions</li> <li>Expense attributable to tax exempt income</li> <li>Net operating loss deducted on Federal return</li> <li>Reserved</li> <li>Intangible expenses and related interest cost</li> <li>Captive REIT expenses and costs</li> <li>Other Additions (Attach Schedule)</li> </ol>	other than Georgia	TATEMENT 1		142821
9. TOTAL - Enter also on Line 2, Schedule 1			9.	142821
SUBTRACTIONS FROM FEDERAL TAXABLE INCOME         1. Interest on obligations of United States (must be reduced by dia         2. Exception to intangible expenses and related interest cost (Atta         3. Exception to captive REIT expenses and costs (Attach IT-REIT)         4. Other Subtractions (Must Attach Schedule)         5. TOTAL - Enter also on Line 4, Schedule 1         APPORTIONMENT OF INCOME	ach IT-Addback) SEE S	st expense)	SCHEDULE 5 1. 2. 3. 4. 5. SCHEDULE 6	2378773 2378773
	A. WITHIN GEORGIA	<b>B EVERYWHERE</b>	C. DO NOT ROUNI	)
1. Gross receipts from business       1.         2. Georgia Ratio (Divide Column A by Column B)       2.	204138	8503223	COL (A) / COL (I COMPUTE TO S	B)
COMPUTATION OF GEORGIA NET INCOME	(ROUND TO NEARES	T DOLLAR)	SCHEDULE 7	
<ol> <li>Net business income (Schedule 1, Line 5)</li> <li>Income allocated everywhere (Must Attach Schedule)</li> </ol>			1. 2.	-7225266
<ol> <li>Business income subject to apportionment (Line 1 less Line 2)</li> <li>Georgia Ratio (Schedule 6, Column C)</li> <li>Net business income apportioned to Georgia (Line 3 x Line 4)</li> </ol>		)7	3. 5.	-7225266

6.

8.

9.

-173457

5.

6.

7.

8.

9.

Case 24-11395 Doc 1 Filed 06/19/24 Page 202 of 316

Georgia Form 600/2022 Page 3



(Corporation) Name <u>QLESS</u> , INC.			FEIN $27-1$	155885
COMPUTATION OF GEORGIA NET WORTH RATIO		(TO BE USED BY FORE	IGN CORPS ONLY)	SCHEDULE 8
		A. WITHIN GEORGIA	B. TOTAL EVERYWHERE	C. GA Ratio (A/B) DO NOT ROUND COMPUTE TO SIX DECIMALS
1. Total value of property owned (Total assets from Federal balance sheet)	1.	0	267371	
2. Gross receipts from business	2.	204138	8481600	
3. Totals (Line 1 plus Line 2)	3.	204138	8748971	
4. Georgia Ratio (Divide Line 3A by 3B)	4.			.023333

# A copy of the Federal Return and supporting Schedules must be attached if filing by paper. No extension of time for filing will be allowed unless a copy of the request for a Federal extension or Form IT-303 is attached to this return.

Make check payable to: Georgia Department of Revenue

Savings

----

Mail to: Georgia Department of Revenue, Processing Center, PO Box 740397, Atlanta, Georgia 30374-0397

DIRECT DE	POSIT OPTIONS					

A. Direct Deposit (For U.S. Accounts Only) See booklet for further instructions . If Direct Deposit is not selected, a paper check will be issued.

Routing

Number Account Number

Type: Checking	

Declaration: I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address: NICK.THOMAS@QLESS.COM

Х Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the named preparer.

SIGNATURE	OF OFFICER

DARIN JAMES

SIGNATURE OF INDIVIDUAL OR FIRM PREPARING THE RETURN

SENIOR DIRECTOR

COHNREZNICK LLP

TITLE

DATE

FIRM PREPARING THE RETURN

P00361390

02

IDENTIFICATION OR SOCIAL SECURITY NUMBER

CCH

245203 10-04-22

150 2022

Georgia Form 600/2022 Page 4

(Corporation) Name QLESS,

5.

6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20.

2020 2021



FEIN 27-1155885

Е

**SCHEDULE 9** 

F

Remaining NOL

34187

79256

82042

54442

149337

209058

#### (ROUND TO NEAREST DOLLAR) **GA NOL Carry Forward Worksheet** 01/01/2022 and ending 12/31/2022For calendar year or fiscal year beginning в С А D Loss Year Loss Amount NOL Utilized Income Year Balance 34187 2016 1. 2017 79256 2. 2018 82042 3. 2019 149337 4.

INC.

54442

209058

608322 1. NOL Carry Forward Available to Current Year 2. Current Year Income/(Loss) (Schedule 1, Line 5 or Schedule 7, Line 7) -1734573. NOL from Taxable Years Beginning before 1/1/2018 Applied to Current Year NOL from Tayable Veero Reginning on at offer 1/1/2018 Applied to Cu 

| 4 | NOL from Taxable Years Beginning on or after 1/1/2018 Applied to Current Year |        |
|---|-------------------------------------------------------------------------------|--------|
|   | (Cannot exceed 80% of Line 2, see instructions for more information)          |        |
| 5 | 5. Total NOL applied                                                          |        |
|   | Add Lines 3 and 4, Enter on Schedule 1, Line 6 or Schedule 7, Line 8)*        |        |
| 6 | 6. NOL Carry Forward Available to Next Year                                   | 781779 |
|   | (Line 1 less Line 5 plus any loss amount on Line 2)                           |        |

### INSTRUCTIONS

02

\* Cannot Exceed the Current Year Income Reported on Line 2.

Column A: List the loss year(s).

Column B: List the loss amount for the tax year listed in Column A.

Columns C & D: List the years in which the losses were utilized and the amount utilized each year.

Column E: List the balance of the NOL after each year has been applied. (Column B less Column D)

Column F: List the remaining NOL applicable to each loss year.

Total the remaining NOL (Col. F) and enter in the space at the bottom of the worksheet for "NOL Carry Forward Available to

Current Year". Then insert "Current Year Income/(Loss)" in the space provided and compute the remainder of the

schedule. Create photocopies as needed. See example worksheet in 611 instructions.

Case 24-11395 Doc 1 Filed 06/19/24 Page 204 of 316

QLESS, INC.

27-1155885

| GA 600                                               | OTHER ADDITIONS    | STATEMENT 1      |
|------------------------------------------------------|--------------------|------------------|
| DESCRIPTION                                          |                    | AMOUNT           |
| SECTION 174 AMORTIZATION<br>FEDERAL DEPRECIATION ADJ |                    | 105018<br>37803  |
| TOTAL TO FORM 600, SCHEI                             | DULE 4, LINE 8     | 142821           |
| GA 600                                               | OTHER SUBTRACTIONS | STATEMENT 2      |
| DESCRIPTION                                          |                    | AMOUNT           |
| SECTION 174 CAPITALIZATI<br>STATE DEPRECIATION ADJUS |                    | 2340970<br>37803 |
| TOTAL TO FORM 600, SCHED                             | DULE 5. LINE 4     | 2378773          |

Georgia Form 600/2022

Page 5



| _                    | (Corporation) Name QLESS, INC.                                                                                                                             |                                             | FEIN 27-1155885                            |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------|
|                      | CREDIT USAGE AND CARRYOVER                                                                                                                                 | (ROUND TO NEAREST DOLLAR)                   | SCHEDULE 10                                |
| -                    | 1. Complete a separate schedule for each Credit Code.                                                                                                      |                                             |                                            |
|                      | 2. Total the amounts on Line 13 of each schedule and enter the to                                                                                          |                                             |                                            |
|                      | 3. If there is a credit eligible for carryover to this tax year, please co                                                                                 | omplete a schedule even if the credit is no | ot used for this tax year.                 |
| >                    | 4. See the tax booklet for a list of credit codes.                                                                                                         | ow the credit is allocated to the owners, t | co dotormino                               |
|                      | <ol><li>See the relevant forms, statutes, and regulations to determine h<br/>when carryovers expire, and to see if the credit is limited to a ce</li></ol> |                                             | odetermine                                 |
|                      | <ul><li>6. If the credit for a particular credit code originated with more that</li></ul>                                                                  |                                             | information on Lines 3 through 9 below.    |
| 7                    | 7. The credit certificate number is issued by the Department of Re                                                                                         |                                             | -                                          |
| N                    | of Revenue credit certificate number where indicated.                                                                                                      |                                             |                                            |
| $\underline{\nabla}$ | 8. Before the Line 14 carryover is applied to the next tax year, the                                                                                       | amount must be reduced by any amounts       | s elected to be applied to withholding for |
| 7                    | this tax year and by any carryovers that have expired.<br>For the credit generated this tax year, list the Company Name,                                   | ID number and Credit Certificate numb       | oer if applicable. Purchased credits       |
| 5                    | and credits received from an assignment should also be includ                                                                                              |                                             |                                            |
| U<br>U               | and ID# below.                                                                                                                                             |                                             |                                            |
| ľ                    |                                                                                                                                                            |                                             |                                            |
|                      |                                                                                                                                                            |                                             |                                            |
| $\odot$              | 1. Credit Code                                                                                                                                             |                                             |                                            |
| ΞĒ                   | 2. Credit remaining from previous years (do not include amounts e                                                                                          | lected to be applied to                     |                                            |
|                      | withholding)                                                                                                                                               |                                             |                                            |
|                      | 3. Company Name                                                                                                                                            | ID Nun                                      | nber                                       |
|                      |                                                                                                                                                            |                                             |                                            |
|                      | Credit Certificate #                                                                                                                                       |                                             | Generated                                  |
|                      | 4. Company Name                                                                                                                                            | this Ta<br>ID Nur                           |                                            |
|                      | 4. Company Name                                                                                                                                            |                                             |                                            |
|                      | Credit Certificate #                                                                                                                                       | Credit                                      | Generated                                  |
| L                    |                                                                                                                                                            | this Ta                                     | x Year                                     |
| Ш                    | 5. Company Name                                                                                                                                            | ID Nun                                      | nber                                       |
| m                    |                                                                                                                                                            |                                             |                                            |
| Sundanal<br>1        | Credit Certificate #                                                                                                                                       |                                             | Generated                                  |
|                      |                                                                                                                                                            | this Ta                                     |                                            |
| _<br>の               | 6. Company Name                                                                                                                                            | ID Nun                                      | nber                                       |
|                      | Credit Certificate #                                                                                                                                       | Credit                                      | Generated                                  |
| 5                    |                                                                                                                                                            | this Ta                                     |                                            |
| 2                    | 7. Company Name                                                                                                                                            | ID Nun                                      |                                            |
| S                    |                                                                                                                                                            |                                             |                                            |
| Ē                    | Credit Certificate #                                                                                                                                       | Credit                                      | Generated                                  |
|                      |                                                                                                                                                            | this Ta                                     | ax Year                                    |
| $\square$            | 8. Company Name                                                                                                                                            | ID Nun                                      | nber                                       |
| Ш                    |                                                                                                                                                            |                                             |                                            |
| r                    | Credit Certificate #                                                                                                                                       |                                             | Generated                                  |
| $\overline{\Omega}$  |                                                                                                                                                            | this Ta                                     |                                            |
| $\cup$               | 9. Company Name                                                                                                                                            | ID Nun                                      | liber                                      |
|                      | Credit Certificate #                                                                                                                                       | Credit                                      | Generated                                  |
|                      |                                                                                                                                                            | this Ta                                     |                                            |
|                      | 10. Total available credit for this tax year. (sum of Lines 2 through                                                                                      |                                             | 10.                                        |
|                      | 11. Enter the amount assigned to affiliated entities (see Schedule                                                                                         |                                             | 11.                                        |
|                      | 12. Enter the amount of the credit sold (only certain credits can be                                                                                       | e sold; see instructions)                   | 12.                                        |
|                      | 13. Credit used for this tax year (enter here and on Schedule 3, Li                                                                                        | ne 3)                                       | 13.                                        |
|                      | 14. Potential carryover to next tax year. (Line 10 less Lines 11, 12                                                                                       | , and 13)                                   | 14.                                        |
| 1                    | 245205 10-04-22                                                                                                                                            |                                             |                                            |

Georgia Form 600/2022

Page 6 SCHEDULE 10B



(ROUND TO NEAREST DOLLAR)

#### (Corporation) Name QLESS, INC.

1. Complete a separate schedule for each Credit Code.

2. Total the amounts on Line 13 of each schedule and enter the total on the credit line of the return.

**REFUNDABLE TAX CREDITS** 

#### 27-1155885 FEIN

SCHEDULE 10B

|                 | 3.       | If there is a credit eligible for carryover to this tax year, please complete | ete a schedule eve   | en if the | e credit is n | ot used for this tax year.       |            |
|-----------------|----------|-------------------------------------------------------------------------------|----------------------|-----------|---------------|----------------------------------|------------|
|                 | 4.       | See the tax booklet for a list of credit codes.                               |                      |           |               |                                  |            |
|                 | i.       | See the relevant forms, statutes, and regulations to determine how the        | he credit is allocat | ted to th | ne owners a   | and, to determine when carryov   | vers       |
|                 |          | expire.                                                                       |                      |           |               |                                  |            |
|                 |          | If the credit for a particular credit code originated with more than one      |                      | •         | -             |                                  |            |
| $\triangleleft$ |          | The credit certificate number is issued by the Department of Revenue          | e for credits that a | are prea  | pproved. If   | f applicable, please enter the D | epartment  |
| ()              |          | of Revenue credit certificate number where indicated.                         |                      |           |               |                                  |            |
| $\leq$          |          | Before the Line 14 carryover is applied to the next tax year, the amount      | unt must be reduc    | ed by a   | any amount    | s elected to be applied to with  | holding fo |
| Ζ               |          | this tax year and by any carryovers that have expired.                        |                      |           |               |                                  |            |
| $\overline{}$   |          | or the credit generated this tax year, list the Company Name, ID r            |                      |           |               |                                  |            |
| U               |          | nd credits received from an assignment should also be included.               | If the credit origi  | nated v   | vith this ta  | xpayer, enter this taxpayer's    | name       |
| <b>M</b>        | a        | nd ID# below.                                                                 |                      |           |               |                                  |            |
|                 | Ν        | lote: A purchased Timber Tax Credit is not a refundable tax credit            | . Use Schedule 1     | 0 if the  | Timber Ta     | ax Credit was purchased.         |            |
|                 |          |                                                                               |                      |           |               |                                  |            |
| U               |          | . Credit Code                                                                 |                      |           |               |                                  |            |
| Ш               | 2        | . Credit remaining from previous years (do not include amounts elect          | ed to be applied to  | 0         |               |                                  |            |
|                 |          | withholding)                                                                  |                      |           |               |                                  |            |
| Ш               | 3        | . Company Name                                                                |                      |           | ID N          | Number                           |            |
| أسلسا           |          |                                                                               |                      |           |               |                                  |            |
| $\cap$          | С        | Credit Certificate #                                                          |                      |           | Cre           | dit Generated                    |            |
|                 |          |                                                                               |                      |           | this          | Tax Year                         |            |
| щ               | 4        | . Company Name                                                                |                      |           | ID N          | Number                           |            |
| I               |          |                                                                               |                      |           |               |                                  |            |
|                 | С        | Credit Certificate #                                                          |                      |           | Cre           | dit Generated                    |            |
| Ladan           |          |                                                                               |                      |           | this          | Tax Year                         |            |
|                 | 5        | . Company Name                                                                |                      |           | ID N          | Number                           |            |
|                 |          |                                                                               |                      |           |               |                                  |            |
|                 | С        | Credit Certificate #                                                          |                      |           | Cre           | dit Generated                    |            |
| <b></b>         |          |                                                                               |                      |           | this          | Tax Year                         |            |
| 'n              | 6        | 6. Company Name                                                               |                      |           | ID N          | Number                           |            |
| 2               |          |                                                                               |                      |           |               |                                  |            |
|                 | С        | Credit Certificate #                                                          |                      |           | Cre           | dit Generated                    |            |
| Ę               |          |                                                                               |                      |           |               | Tax Year                         |            |
| 2               | 7        | . Company Name                                                                |                      |           |               | Number                           |            |
| <b>(</b> )      | ·        |                                                                               |                      |           |               |                                  |            |
| Ľ               | С        | Credit Certificate #                                                          |                      |           | Cre           | dit Generated                    |            |
|                 | Ŭ        |                                                                               |                      |           |               | Tax Year                         |            |
|                 | Q        | . Company Name                                                                |                      |           |               | Number                           |            |
|                 | 0        | . Company Name                                                                |                      |           |               | umber                            |            |
| Щ               | <u> </u> | Credit Certificate #                                                          |                      |           | Cro           | dit Generated                    |            |
| Ŷ               | 0        | Tedit Certificate #                                                           |                      |           |               |                                  |            |
| ()              | ~        | . Company Name                                                                |                      |           |               | Tax Year                         |            |
|                 | 9        | . Company Name                                                                |                      |           | יו טו         | Number                           |            |
|                 | ~        |                                                                               |                      |           | 0             |                                  |            |
|                 | C        | Credit Certificate #                                                          |                      |           |               | dit Generated                    |            |
|                 |          |                                                                               |                      |           | this          | Tax Year                         |            |
|                 |          | 0. Total available credit for this tax year. (sum of Lines 2 through 9)       |                      |           |               | 10.                              |            |
|                 |          | 1. Enter the amount assigned to affiliated entities (see Schedule 11)         |                      |           |               | 11.                              |            |
|                 | 1:       | 2. Enter the amount of the credit sold (only certain credits can be sole      | d; see instructions  | 3)        |               | 12.                              |            |
|                 | 1:       | 3. Credit used for this tax year (enter here and on Schedule 3, Line 5)       | )                    |           |               | 13.                              |            |
|                 | 1        | 4. Potential carryover to next tax year. (Line 10 less Lines 11, 12, and      | l 13)                |           |               | 14.                              |            |
| _               |          | 245206 10-04-22                                                               |                      |           |               |                                  | _          |
|                 |          | ССН                                                                           | 02                   | 150       | 2022          |                                  |            |

Georgia Form **600/2022 Page 7** 



(ROUND TO NEAREST DOLLAR)

# (Corporation) Name QLESS, INC.

# FEIN 27-1155885

SCHEDULE 11

### ASSIGNED TAX CREDITS

**CTRONICALI** 

**CREDITS MUST BE** 

Georgia Code Section 48-7-42 provides that in lieu of claiming any Georgia income tax credit for which a taxpayer otherwise is eligible for the taxable year, the taxpayer may elect to assign credits in whole or in part to one or more "affiliated entities". The term "affiliated entities" is defined as:

A corporation that is a member of the taxpayer's affiliated group within the meaning of Section 1504(a) of the Internal Revenue Code; or

- An entity affiliated with a corporation, business, partnership, or limited liability company taxpayer, which entity:
- (a) Owns or leases the land on which a project is constructed;
- (b) Provides capital for construction of the project; and

(c) Is the grantor or owner under a management agreement with a managing company for the project.

o carryover attributable to the unused portion of any previously claimed or assigned credit may be assigned or reassigned, except if is assigned and the recipient of an assigned tax credit cease to be affiliated entities, then any carryover attributable to the unused ortion of the credit is transferred back to the assignor of the credit. The assignor is permitted to use any such carryover and also shall e permitted to assign the carryover to one or more affiliated entities, as if such carryover were an income tax credit for which the signor became eligible in the taxable year in which the carryover was transferred back to the assignor. In the case of any credit that ust be claimed in installments in more than one taxable year, the election under this subsection may be made on an annual basis with spect to each such installment. For additional information, please refer to Georgia Code Section 48-7-42.

the corporation filing this return is assigning tax credits to other affiliates, please provide detail below specifying where the tax credits e being assigned.

# Il assignments of credits must be made before the statutory due date of the return (including extensions) per .C.G.A. § 48-7-42 (b).

| Credit Code | Corporation Name | FEIN | Amount of Credit | Credit Certificate #<br>(if applicable) |
|-------------|------------------|------|------------------|-----------------------------------------|
|             |                  |      | 1.               |                                         |
|             |                  | 2    | 2.               |                                         |
|             |                  | :    | 3.               |                                         |
|             |                  | 2    | 4.               |                                         |
|             |                  | ţ    | 5.               |                                         |
|             |                  | 6    | 6.               |                                         |
|             |                  | -    | 7.               |                                         |
|             |                  | ٤    | 3.               |                                         |
|             |                  |      |                  |                                         |
|             |                  |      |                  |                                         |

| Case 24-11395 | Case 24-11395 | Doc 1 | Filed 06/19/24 | Page 208 of 316 |
|---------------|---------------|-------|----------------|-----------------|
|---------------|---------------|-------|----------------|-----------------|

| PLEASE DO<br>NOT MAIL!                      | <b>DO N</b><br>GEO                                                        | MUST RETAIN THIS FOR<br><b>OT SUBMIT THIS FORM</b><br>RGIA DEPARTMENT<br>SS REQUESTED TO DO                                                                       | Λ ΤΟ<br>Γ OF REVENL                                                 | IE                                                       |                                                                |                                                     |
|---------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------|
|                                             |                                                                           |                                                                                                                                                                   |                                                                     |                                                          |                                                                | GA-8453C<br>2022                                    |
|                                             |                                                                           | INCOME TAX DEC<br>IENT BETWEEN TA                                                                                                                                 |                                                                     |                                                          |                                                                |                                                     |
| SOMMA                                       |                                                                           |                                                                                                                                                                   | GA Consolid                                                         | ated Subsidiary                                          |                                                                | nange 🔄 Final Return                                |
| Beginning <b>J</b> A<br>Ending <b>D</b> B   | AN 1 2022<br>EC 31 2022 En                                                | D23         Net Worth Return           ginning         JAN         01         2023           ding         DEC         31         2023                             | Consolidated X Original Retu                                        | Irn                                                      | IT-552 Attac<br>Initial Net W<br>X Extension                   | /orth UET Annualization                             |
| Federal Emp                                 | bloyer ID Number                                                          | Name (Corporate title)                                                                                                                                            |                                                                     |                                                          |                                                                | Date admitted into GA                               |
|                                             | Records (City & State)                                                    | QLESS, INC.<br>Business Address<br>21 MILLER ALLE                                                                                                                 | Y, SUITE 2                                                          |                                                          |                                                                | Incorporated under laws of what state CALIFORNIA    |
|                                             | 's Telephone Number<br>) 9 – 2787                                         | City or Town<br>PASADENA                                                                                                                                          |                                                                     |                                                          | ZIP Code<br>1105                                               | NAICS Code<br>513210                                |
| PARTI                                       | 19-2101                                                                   | PASADENA                                                                                                                                                          |                                                                     | CA 9                                                     |                                                                | RN INFORMATION                                      |
|                                             | xable income (Form 600.                                                   | Sch 1, Line 1)                                                                                                                                                    |                                                                     |                                                          |                                                                | 14,989,314                                          |
|                                             |                                                                           | , Sch 1, Line 7)                                                                                                                                                  |                                                                     |                                                          |                                                                | 2173,457                                            |
|                                             |                                                                           | 1)                                                                                                                                                                |                                                                     |                                                          |                                                                | 37,762,383                                          |
| 4. Net Worth                                | Taxable by Georgia (For                                                   | m 600, Sch 2, Line 6)                                                                                                                                             |                                                                     |                                                          |                                                                | 4181,120                                            |
|                                             |                                                                           | ne 1) Incol                                                                                                                                                       |                                                                     |                                                          | Net Worth                                                      |                                                     |
|                                             |                                                                           | , Sch 3, Line 11)                                                                                                                                                 |                                                                     |                                                          |                                                                | 6.                                                  |
|                                             | orm 600, Sch 3, Line 12)                                                  | Credited to 20                                                                                                                                                    | 23                                                                  |                                                          | Refunded                                                       |                                                     |
| P <sub>ART</sub> II                         |                                                                           |                                                                                                                                                                   |                                                                     |                                                          |                                                                | PORATE OFFICER                                      |
| Provider and/<br>corporation's schedules an | for Transmitter and the a 2022 Georgia Corporate d statements, and to the | at the information I have provi<br>mounts shown in Part I agree of<br>Income Tax Return. I declare<br>best of my knowledge and be<br>return may be sent by my ERC | with the amounts sh<br>that I have examine<br>lief, the corporation | own on the corr<br>d the corporatio<br>s return is true, | responding lines o<br>on's tax return, inc<br>correct and comp | f the electronic portion of the luding accompanying |
| SIGN                                        |                                                                           |                                                                                                                                                                   |                                                                     | SENIOR                                                   | DIRECTOR                                                       |                                                     |
| H <sub>ERE</sub> SI                         | GNATURE OF OFFICEF                                                        | DATI                                                                                                                                                              | E                                                                   | TITLE                                                    |                                                                |                                                     |
|                                             | IICK THOMAS<br>RINT NAME                                                  | NIC                                                                                                                                                               | CK.THOMAS@Ç<br>IL                                                   | DLESS.CO                                                 | М                                                              |                                                     |
| PART III                                    | r                                                                         | DECLARATION OF ELEC                                                                                                                                               |                                                                     |                                                          |                                                                |                                                     |
|                                             |                                                                           | D THE ABOVE CORPORATIO                                                                                                                                            |                                                                     |                                                          |                                                                |                                                     |
|                                             | CT TO THE BEST OF N                                                       |                                                                                                                                                                   | IN 3 RETURN AND                                                     |                                                          |                                                                | 4-04330 ANE COMPLETE                                |
|                                             | ERO's Signature COR                                                       | NREZNICK LLP                                                                                                                                                      |                                                                     |                                                          | Dat                                                            | e                                                   |
| ERO's<br>Use                                | Firm's Name COHN                                                          |                                                                                                                                                                   |                                                                     |                                                          | Che                                                            | eck also if paid preparer                           |
| Only                                        |                                                                           | WILSHIRE BLVD,                                                                                                                                                    |                                                                     | 717                                                      |                                                                |                                                     |
|                                             | City, State & ZIP Code                                                    | LOS ANGELES<br>R THAN THE TAXPAYER, TH                                                                                                                            |                                                                     |                                                          |                                                                |                                                     |
|                                             | HAS ANY KNOWLEDGE                                                         |                                                                                                                                                                   | IS DECLARATION                                                      | IS DASED ON A                                            |                                                                |                                                     |
| Paid                                        | Paid Preparer's Signat                                                    | ure DARIN JAMES                                                                                                                                                   |                                                                     |                                                          | Dat                                                            | e<br>N/PTIN 22-1478099                              |
| Preparer's                                  |                                                                           | WILSHIRE BLVD,                                                                                                                                                    | STE 4950                                                            |                                                          |                                                                | N/TIN <u>22 1470099</u><br>N/TIN                    |
| Use Only                                    | City, State & ZIP Code                                                    |                                                                                                                                                                   | CA 90                                                               |                                                          | 001                                                            | ·····•                                              |
| GA-8453C (REV. 0                            |                                                                           | KEEP A COPY                                                                                                                                                       |                                                                     | R RECO                                                   | RDS                                                            |                                                     |
| 245091 08-08-22<br>CC                       |                                                                           |                                                                                                                                                                   | 02                                                                  | 150 20                                                   | 22                                                             |                                                     |
|                                             | /                                                                         |                                                                                                                                                                   | V 4                                                                 |                                                          |                                                                |                                                     |

Case 24-11395 Doc 1 Filed 06/19/24 Page 209 of 316 GA

| Form 4                      | 562                             |                                         |
|-----------------------------|---------------------------------|-----------------------------------------|
| Department<br>Internal Reve | of the Treasury<br>enue Service | Go                                      |
| Internal Reve               |                                 | Go                                      |
|                             |                                 |                                         |
|                             | S, INC.                         |                                         |
| Dout                        |                                 |                                         |
| Part I                      | Election To Ex                  | pense Certain Prop                      |
|                             |                                 | pense Certain Prop<br>see instructions) |
| 1 Maxii                     | mum amount (s                   |                                         |

# Depreciation and Amortization

(Including Information on Listed Property) OTHER

Attach to your tax return.

o to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates Attachment Sequence No. **179** Identifying number

OMB No. 1545-0172

2022

| QLESS, INC.                                                                                      |                                            | o                                                                                  | THER           | DEPRE              | CIATIO         | N            | 27-1155885                 |
|--------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------|----------------|--------------------|----------------|--------------|----------------------------|
| Part I Election To Expense Certain Property                                                      | Under Section 17                           | 79 Note: If you have ar                                                            | y listed p     | roperty, co        | omplete Part   | V before yo  | u complete Part I.         |
| <b>1</b> Maximum amount (see instructions)                                                       |                                            |                                                                                    |                |                    |                | 1            |                            |
| 2 Total cost of section 179 property placed                                                      |                                            |                                                                                    |                |                    |                |              |                            |
| 3 Threshold cost of section 179 property b                                                       | efore reduction                            | in limitation                                                                      |                |                    |                | 3            |                            |
| 4 Reduction in limitation. Subtract line 3 fro                                                   | om line 2. If zero                         | or less, enter -0-                                                                 |                |                    |                | 4            |                            |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1.                                   | If zero or less, enter -                   | 0 If married filing separately,                                                    | see instructio | ns                 |                | 5            |                            |
| 6 (a) Description of prop                                                                        | erty                                       | (b) Cost (l                                                                        | ousiness use   | only)              | (c) Elected    | cost         |                            |
|                                                                                                  |                                            |                                                                                    |                |                    |                |              |                            |
|                                                                                                  |                                            |                                                                                    |                |                    |                |              |                            |
|                                                                                                  |                                            |                                                                                    |                |                    |                |              |                            |
|                                                                                                  |                                            |                                                                                    |                |                    |                |              |                            |
| 7 Listed property. Enter the amount from li                                                      |                                            |                                                                                    |                | 7                  |                |              |                            |
| 8 Total elected cost of section 179 propert                                                      |                                            |                                                                                    |                |                    |                |              |                            |
| 9 Tentative deduction. Enter the <b>smaller</b> of                                               |                                            |                                                                                    |                |                    |                |              |                            |
| 10 Carryover of disallowed deduction from I                                                      |                                            |                                                                                    |                |                    |                |              |                            |
| <b>11</b> Business income limitation. Enter the sm                                               |                                            | •                                                                                  | ,              |                    |                |              |                            |
| 12 Section 179 expense deduction. Add line                                                       |                                            |                                                                                    |                |                    |                | 12           |                            |
| 13 Carryover of disallowed deduction to 202<br>Note: Don't use Part II or Part III below for lis |                                            |                                                                                    |                | 13                 |                |              |                            |
| Part II Special Depreciation Allowand                                                            |                                            |                                                                                    | clude liste    | d property         | ()             |              |                            |
| 14 Special depreciation allowance for qualifi                                                    |                                            | · · ·                                                                              |                |                    |                |              |                            |
|                                                                                                  |                                            | ,                                                                                  | , ,            |                    | 0              | 14           |                            |
| <ul><li>15 Property subject to section 168(f)(1) election</li></ul>                              |                                            |                                                                                    |                |                    |                | 15           |                            |
|                                                                                                  |                                            |                                                                                    |                |                    |                |              |                            |
| Part III MACRS Depreciation (Don't in                                                            |                                            |                                                                                    |                |                    |                |              |                            |
|                                                                                                  | •                                          | Section A                                                                          | 7              |                    |                |              |                            |
| 17 MACRS deductions for assets placed in                                                         | service in tax ve                          | ars beginning before 2                                                             | 022            |                    |                | 17           | 16,245.                    |
| 18 If you are electing to group any assets placed in service                                     | -                                          | <b>v v</b>                                                                         |                |                    |                |              |                            |
| Section B - Assets P                                                                             | laced in Servic                            | e During 2022 Tax Ye                                                               | ar Using       | the Gene           | ral Deprecia   | tion Syster  | n                          |
| (a) Classification of property                                                                   | (b) Month and<br>year placed<br>in service | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions) |                | Recovery<br>period | (e) Convention | (f) Method   | (g) Depreciation deduction |
| <b>19a</b> 3-year property                                                                       |                                            |                                                                                    |                |                    |                |              |                            |
| <b>b</b> 5-year property                                                                         |                                            | 99,62                                                                              |                | YRS.               | HY             | 200DB        | 19,931.                    |
| c 7-year property                                                                                |                                            | 11,38                                                                              | 3. 7           | YRS.               | HY             | 200DB        | 1,627.                     |
| d 10-year property                                                                               |                                            |                                                                                    |                |                    |                |              |                            |
| e 15-year property                                                                               |                                            |                                                                                    |                |                    |                |              |                            |
| f 20-year property                                                                               |                                            |                                                                                    |                |                    |                |              |                            |
| g 25-year property                                                                               |                                            |                                                                                    | 2              | 25 yrs.            |                | S/L          |                            |
| h Residential rental property                                                                    | /                                          |                                                                                    | 2              | 7.5 yrs.           | MM             | S/L          |                            |
|                                                                                                  | /                                          |                                                                                    | 2              | 7.5 yrs.           | MM             | S/L          |                            |
| i Nonresidential real property                                                                   | /                                          |                                                                                    | 3              | 89 yrs.            | MM             | S/L          |                            |
| ,                                                                                                | /                                          |                                                                                    |                |                    | MM             | S/L          |                            |
| Section C - Assets Pla                                                                           | iced in Service                            | During 2022 Tax Yea                                                                | r Using th     | e Alterna          | tive Depreci   | iation Syste | em                         |
| 20a Class life                                                                                   |                                            |                                                                                    |                |                    |                | S/L          |                            |
| b 12-year                                                                                        |                                            |                                                                                    |                | 2 yrs.             |                | S/L          |                            |
| c 30-year                                                                                        | /                                          |                                                                                    |                | 30 yrs.            | MM             | S/L          |                            |
| d 40-year Part IV Summary (See instructions.)                                                    | /                                          |                                                                                    |                | l0 yrs.            | MM             | S/L          |                            |
|                                                                                                  |                                            |                                                                                    |                |                    |                |              |                            |
| 21 Listed property. Enter amount from line 2                                                     |                                            |                                                                                    |                |                    |                | 21           |                            |
| <b>22 Total.</b> Add amounts from line 12, lines 14                                              |                                            |                                                                                    |                |                    |                |              | 27 000                     |
| Enter here and on the appropriate lines o                                                        |                                            |                                                                                    |                | see instr.         |                | 22           | 37,803.                    |
| 23 For assets shown above and placed in se<br>portion of the basis attributable to sectio        |                                            |                                                                                    |                | 23                 |                |              |                            |

216251 12-08-22 LHA For Paperwork Reduction Act Notice, see separate instructions. 18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.

# Case 24-11395 Doc 1 Filed 06/19/24 Page 210 of 316

| Par                                                                                                                                                                                                                                                                   | <u>1 4562 (2022)</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | QLE                                                                                                                                                                                  | SS, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                                                                                                                             |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 | 27-              | 1155              | 885 i              | Page <b>2</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|------------------|-------------------|--------------------|---------------|
|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               | er vehicl                                                                           | es, cert                                                                                | ain aircra                                                             | aft, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d property                                                                                     | used for                                            |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       | entertainment,<br><b>Note:</b> For any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /                                                                                                                                             | standard                                                                            | 1 milead                                                                                | e rate or                                                              | r dedu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | cting lease                                                                                    | expense                                             | comp                                            | lete on          | lv 24a            |                    |               |
|                                                                                                                                                                                                                                                                       | 24b, columns (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (a) through (c                                                                                                                                                                       | ) of Section A,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | all of Se                                                                                                                                     | ection B,                                                                           | and Se                                                                                  | ction C i                                                              | f appli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | cable.                                                                                         | •                                                   | <i>,</i> ,                                      |                  | <b>.</b> .        |                    |               |
|                                                                                                                                                                                                                                                                       | Section A -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Depreciatio                                                                                                                                                                          | on and Other I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nformat                                                                                                                                       | ion (Cau                                                                            | ution: S                                                                                | See the i                                                              | nstruct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | tions for lir                                                                                  | nits for pa                                         | asseng                                          | er autom         | nobiles. )        |                    |               |
| <b>24a</b> [                                                                                                                                                                                                                                                          | Do you have evidence to s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | support the bus                                                                                                                                                                      | siness/investme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt use cla                                                                                                                                    | imed?                                                                               | <u> </u>                                                                                | es 🗌                                                                   | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 24b If "Y                                                                                      | es," is the                                         | e evider                                        | <u>nce writt</u> | en?               | Yes                | No            |
|                                                                                                                                                                                                                                                                       | (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (b)                                                                                                                                                                                  | (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               | (d)                                                                                 |                                                                                         | (e)                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (f)                                                                                            | (g                                                  | )                                               | (                | h)                |                    | i)            |
|                                                                                                                                                                                                                                                                       | Type of property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date<br>placed in                                                                                                                                                                    | Business/<br>investment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               | Cost or                                                                             |                                                                                         | is for depre<br>siness/inve                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Recovery                                                                                       | Meth                                                |                                                 |                  | ciation<br>Iction | Elec<br>sectio     |               |
|                                                                                                                                                                                                                                                                       | (list vehicles first)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | service                                                                                                                                                                              | use percenta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                               | her basis                                                                           |                                                                                         | use only                                                               | ')                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | period                                                                                         | Conve                                               |                                                 | ueut             |                   | CO                 |               |
| <b>25</b> S                                                                                                                                                                                                                                                           | Special depreciation allo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | owance for q                                                                                                                                                                         | ualified listed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | property                                                                                                                                      | placed in                                                                           | n servic                                                                                | e during                                                               | the ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | x year and                                                                                     |                                                     |                                                 |                  |                   |                    |               |
| <u> </u>                                                                                                                                                                                                                                                              | used more than 50% in a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | a qualified bu                                                                                                                                                                       | usiness use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                               | <u></u>                                                                             |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     | 25                                              |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       | Property used more that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | : :                                                                                                                                                                                  | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6                                                                                                                                             |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | : :                                                                                                                                                                                  | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6                                                                                                                                             |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | : :                                                                                                                                                                                  | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6                                                                                                                                             |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
| <b>27</b> P                                                                                                                                                                                                                                                           | Property used 50% or le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ess in a qualif                                                                                                                                                                      | ied business ι                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ise:                                                                                                                                          |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | : :                                                                                                                                                                                  | g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6                                                                                                                                             |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | S/L -                                               |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                      | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6                                                                                                                                             |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | S/L -                                               |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | : :                                                                                                                                                                                  | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6                                                                                                                                             |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | S/L -                                               |                                                 |                  |                   |                    |               |
| <b>28</b> A                                                                                                                                                                                                                                                           | Add amounts in column                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (h), lines 25                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               | and on                                                                              | line 21.                                                                                | page 1                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     | 28                                              |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       | Add amounts in column                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  | 29                |                    |               |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (), IIIO 20. 2                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               | 3 - Infori                                                                          |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
| Comr                                                                                                                                                                                                                                                                  | plete this section for ve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | hicles used h                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | related n                                           | erson                                           | lf you pr        | ovided v          | ohicles            |               |
|                                                                                                                                                                                                                                                                       | ur employees, first ans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •••                                                                                                                                           |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   | CINCICS            |               |
| 10 you                                                                                                                                                                                                                                                                | ar employees, mat and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11 0 10 3                                                                                                                                     | se il you                                                                           | meera                                                                                   | Гелеері                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | compictin                                                                                      | g tins sec                                          |                                                 |                  | cincico.          |                    |               |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6                                                                                                                                             | a)                                                                                  | (                                                                                       | b)                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (c)                                                                                            | (d                                                  | \                                               | 14               | e)                | (f)                | <u> </u>      |
| 30 T                                                                                                                                                                                                                                                                  | otal business/investment i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | miles driven dı                                                                                                                                                                      | uring the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               | nicle                                                                               | -                                                                                       | nicle                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 'ehicle                                                                                        | Vehi                                                |                                                 | Veh              | -                 | Vehi               |               |
|                                                                                                                                                                                                                                                                       | ear ( <b>don't</b> include commu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                      | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | V01                                                                                                                                           |                                                                                     | V 01                                                                                    |                                                                        | l v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | VOIII                                               | 510                                             | VOI              |                   | Von                | 010           |
|                                                                                                                                                                                                                                                                       | otal commuting miles of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       | otal other personal (no                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       | Iriven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       | otal miles driven during                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       | Add lines 30 through 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N <sub>2</sub>                                                                                                                                | <b>N</b> .                                                                          | N.                                                                                      | NI -                                                                   | N.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | N                                                   | N                                               | Mar              | N                 | No.                | N             |
|                                                                                                                                                                                                                                                                       | Vas the vehicle availabl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes                                                                                                                                           | No                                                                                  | Yes                                                                                     | No                                                                     | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>No</u>                                                                                      | Yes                                                 | No                                              | Yes              | No                | Yes                | No            |
|                                                                                                                                                                                                                                                                       | during off-duty hours?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       | Vas the vehicle used pr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       | han 5% owner or relate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       | s another vehicle availa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ble for perso                                                                                                                                                                        | nal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
| <u> </u>                                                                                                                                                                                                                                                              | ISE?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               | i                                                                                   |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                      | - Questions f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     |                                                 |                  |                   |                    |               |
|                                                                                                                                                                                                                                                                       | ver these questions to c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | determine if v                                                                                                                                                                       | ou meet an e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ception                                                                                                                                       | to comp                                                                             | oletina S                                                                               | ection R                                                               | l for ve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | hicles use                                                                                     | d by emp                                            | loyees                                          | who ar           | ren't             |                    |               |
|                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         | ootion E                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                     | •                                               |                  |                   |                    | 1             |
| more                                                                                                                                                                                                                                                                  | than 5% owners or rela                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ated persons                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | -                                                   |                                                 |                  |                   |                    | No            |
| more                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ated persons                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ohibits a                                                                                                                                     |                                                                                     |                                                                                         |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | -                                                   |                                                 |                  |                   | Yes                |               |
| more<br>37 D<br>ei                                                                                                                                                                                                                                                    | than 5% owners or rela<br>Do you maintain a writte<br>mployees?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ated persons<br>en policy stat                                                                                                                                                       | ement that pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                               | ll person                                                                           | al use o                                                                                | f vehicle                                                              | s, inclu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | uding com                                                                                      | muting, t                                           | y your                                          |                  |                   | Yes                |               |
| more<br>37 D<br>ei<br>38 D                                                                                                                                                                                                                                            | than 5% owners or rela<br>Do you maintain a writte<br>employees?<br>Do you maintain a writte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ated persons<br>en policy stat<br>en policy stat                                                                                                                                     | ement that pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | phibits p                                                                                                                                     | ll person<br>ersonal u                                                              | al use o                                                                                | f vehicle                                                              | es, inclu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uding com                                                                                      | muting, b                                           | by your                                         |                  |                   |                    |               |
| more<br>37 D<br>ei<br>38 D<br>ei                                                                                                                                                                                                                                      | than 5% owners or rela<br>Do you maintain a writte<br>mployees?<br>Do you maintain a writte<br>mployees? See the ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ated persons<br>en policy stat<br>en policy stat<br>tructions for                                                                                                                    | ement that pro<br>ement that pro<br>vehicles used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | bhibits p<br>by corp                                                                                                                          | ll person<br>ersonal u<br>orate offi                                                | al use o                                                                                | f vehicle                                                              | es, inclu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uding com                                                                                      | muting, b                                           | by your                                         |                  |                   |                    |               |
| more<br>37 D<br>ei<br>38 D<br>ei<br>39 D                                                                                                                                                                                                                              | than 5% owners or relation<br>Do you maintain a writte<br>mployees?<br>Do you maintain a writte<br>mployees? See the ins<br>Do you treat all use of vo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ated persons<br>en policy stat<br>en policy stat<br>tructions for<br>ehicles by en                                                                                                   | ement that pro<br>ement that pro<br>vehicles used<br>nployees as pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ohibits p<br>by corpo<br>ersonal u                                                                                                            | ll person<br>ersonal u<br>orate offi<br>use?                                        | al use o<br>use of ve<br>cers, di                                                       | f vehicle<br>ehicles, (<br>rectors, (                                  | es, inclue<br>except<br>or 1%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | uding com<br>commutir<br>or more ov                                                            | muting, b<br>ng, by you<br>vners                    | y your<br>ır                                    |                  |                   |                    |               |
| more<br>37 D<br>ei<br>38 D<br>ei<br>39 D                                                                                                                                                                                                                              | than 5% owners or rela<br>Do you maintain a writte<br>mployees?<br>Do you maintain a writte<br>mployees? See the ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ated persons<br>en policy stat<br>en policy stat<br>tructions for<br>ehicles by en                                                                                                   | ement that pro<br>ement that pro<br>vehicles used<br>nployees as pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ohibits p<br>by corpo<br>ersonal u                                                                                                            | ll person<br>ersonal u<br>orate offi<br>use?                                        | al use o<br>use of ve<br>cers, di                                                       | f vehicle<br>ehicles, (<br>rectors, (                                  | es, inclue<br>except<br>or 1%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | uding com<br>commutir<br>or more ov                                                            | muting, b<br>ng, by you<br>vners                    | y your<br>ır                                    |                  |                   |                    |               |
| more<br>37 D<br>ei<br>38 D<br>ei<br>39 D<br>40 D<br>th                                                                                                                                                                                                                | than 5% owners or relation<br>of you maintain a writter<br>employees?<br>Do you maintain a writter<br>employees? See the ins<br>Do you treat all use of ver<br>Do you provide more that<br>he use of the vehicles, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ated persons<br>en policy stat<br>en policy stat<br>tructions for<br>ehicles by en<br>an five vehicl<br>and retain the                                                               | ement that pro<br>ement that pro<br>vehicles used<br>nployees as pe<br>es to your em<br>e information i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | bhibits p<br>by corport<br>ersonal u<br>ployees,<br>received                                                                                  | II personal u<br>ersonal u<br>orate offi<br>use?<br>obtain ir<br>?                  | al use o<br>use of vo<br>icers, di<br>nformati                                          | f vehicle<br>ehicles, o<br>rectors,<br>on from                         | except<br>or 1%<br>your e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uding com<br>commutir<br>or more ov<br>mployees                                                | muting, b<br>ng, by you<br>vners<br>about           | y your<br>ur                                    |                  |                   |                    |               |
| more<br>37 D<br>ei<br>38 D<br>ei<br>39 D<br>40 D<br>th                                                                                                                                                                                                                | than 5% owners or relation<br>of you maintain a writter<br>employees?<br>Do you maintain a writter<br>employees? See the ins<br>Do you treat all use of ve<br>Do you provide more that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ated persons<br>en policy stat<br>en policy stat<br>tructions for<br>ehicles by en<br>an five vehicl<br>and retain the                                                               | ement that pro<br>ement that pro<br>vehicles used<br>nployees as pe<br>es to your em<br>e information i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | bhibits p<br>by corport<br>ersonal u<br>ployees,<br>received                                                                                  | II personal u<br>ersonal u<br>orate offi<br>use?<br>obtain ir<br>?                  | al use o<br>use of vo<br>icers, di<br>nformati                                          | f vehicle<br>ehicles, o<br>rectors,<br>on from                         | except<br>or 1%<br>your e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uding com<br>commutir<br>or more ov<br>mployees                                                | muting, b<br>ng, by you<br>vners<br>about           | y your<br>ur                                    |                  |                   |                    |               |
| more<br>37 D<br>er<br>38 D<br>er<br>39 D<br>40 D<br>th<br>41 D<br>N                                                                                                                                                                                                   | than 5% owners or relation of the second sec     | ated persons<br>en policy stat<br>en policy stat<br>tructions for<br>ehicles by en<br>an five vehicl<br>and retain the<br>ements conce                                               | ement that provement that provement that provement that provement of the p | bhibits p<br>by corp<br>ersonal u<br>bloyees,<br>received<br>d automo                                                                         | Il persona<br>ersonal u<br>orate offi<br>use?<br>obtain ir<br>?<br>oblain den       | al use of<br>use of vo<br>icers, di<br>informati                                        | f vehicle<br>ehicles, e<br>rectors,<br>on from                         | except<br>or 1%<br>your e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uding com<br>commutir<br>or more ov<br>mployees                                                | muting, b<br>ng, by you<br>vners<br>about           | y your<br>ur                                    |                  |                   |                    |               |
| more<br>37 D<br>el<br>38 D<br>el<br>39 D<br>40 D<br>th<br>41 D                                                                                                                                                                                                        | than 5% owners or relation of the second sec     | ated persons<br>en policy stat<br>en policy stat<br>tructions for<br>ehicles by en<br>an five vehicl<br>and retain the<br>ements conce                                               | ement that provement that provement that provement that provement of the p | phibits p<br>by corp<br>ersonal u<br>ployees,<br>received<br>d automo<br>s," don't                                                            | Il persona<br>ersonal u<br>orate offi<br>use?<br>obtain ir<br>?<br>oblain den       | al use o<br>use of vo<br>cers, di<br>nformati<br>nonstrat<br>te Secti                   | f vehicle<br>ehicles, e<br>rectors,<br>on from                         | except<br>or 1%<br>your e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uding com<br>commutir<br>or more ov<br>mployees                                                | muting, b<br>ng, by you<br>vners<br>about           | y your<br>ır                                    |                  |                   |                    |               |
| more<br>37 D<br>er<br>38 D<br>er<br>39 D<br>40 D<br>th<br>41 D<br>N                                                                                                                                                                                                   | than 5% owners or relation of you maintain a writter amployees? See the instandard of you maintain a writter amployees? See the instance of you provide more that he use of the vehicles, a boyou meet the require <b>lote:</b> If your answer to a set of the your answer answer and a set of | ated persons<br>en policy stat<br>en policy stat<br>tructions for<br>ehicles by en<br>an five vehicl<br>and retain the<br>ements conce<br>37, 38, 39, 44                             | ement that provement  | bhibits p<br>by corp<br>ersonal u<br>bloyees,<br>received<br>d automo<br>s," don't                                                            | Il persona<br>ersonal u<br>orate offi<br>use?<br>obtain ir<br>?<br>oblain den       | al use o<br>use of vo<br>cers, di<br>nonstrat<br>te Secti<br>(c)                        | f vehicles, or<br>rectors, or<br>on from<br>cion use?                  | except<br>or 1%<br>your e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uding com<br>commutir<br>or more ov<br>mployees<br><u>vered veh</u><br>(d)                     | muting, b<br>ng, by you<br>vners<br>about           | y your<br>ur<br>(e)                             |                  |                   | (f)                |               |
| more<br>37 D<br>er<br>38 D<br>er<br>39 D<br>40 D<br>th<br>41 D<br>N                                                                                                                                                                                                   | than 5% owners or relation of the second sec     | ated persons<br>en policy stat<br>en policy stat<br>tructions for<br>ehicles by en<br>an five vehicl<br>and retain the<br>ements conce<br>37, 38, 39, 44                             | ement that provement that prove the provement of the prove | phibits p<br>by corp<br>ersonal u<br>ployees,<br>received<br>d automo<br>s," don't                                                            | Il persona<br>ersonal u<br>orate offi<br>use?<br>obtain ir<br>?<br>oblain den       | al use o<br>use of vo<br>cers, di<br>nformati<br>nonstrat<br>te Secti                   | f vehicle<br>ehicles, e<br>rectors,<br>on from<br>ion use<br>on B for  | except<br>or 1%<br>your e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uding com<br>commutir<br>or more ov<br>mployees                                                | muting, b<br>ng, by you<br>wners<br>about<br>icles. | y your<br>ır                                    | tion             |                   |                    |               |
| more<br>37 D<br>er<br>38 D<br>er<br>39 D<br>40 D<br>th<br>41 D<br>N<br>Par                                                                                                                                                                                            | than 5% owners or relation of you maintain a writter amployees? See the instandard of you maintain a writter amployees? See the instance of you provide more that he use of the vehicles, a boyou meet the require <b>lote:</b> If your answer to a set of the your answer answer and a set of | ated persons<br>en policy stat<br>en policy stat<br>tructions for<br>ehicles by en<br>an five vehicl<br>and retain the<br>ements conce<br><u>37, 38, 39, 44</u><br>f costs           | ement that provement that prove that  | bhibits p<br>by corpersonal u<br>bloyees,<br>received<br>d automo<br>s," don't<br>(b)<br>amortization<br>begins                               | II person                                                                           | al use o<br>use of vo<br>cers, di<br>nonstrat<br>te Secti<br>(c)<br>Amortizat           | f vehicle<br>ehicles, e<br>rectors,<br>on from<br>ion use<br>on B for  | except<br>or 1%<br>your e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uding com<br>commutir<br>or more ov<br>mployees<br><u>vvered veh</u><br>(d)<br><sub>Code</sub> | muting, b<br>ng, by you<br>wners<br>about<br>icles. | y your<br>ur<br>(e)<br>Amortiza                 | tion             |                   | (f)<br>mortization |               |
| more<br>37 D<br>er<br>38 D<br>er<br>39 D<br>40 D<br>th<br>41 D<br>N<br>Par                                                                                                                                                                                            | than 5% owners or relation of the second sec     | ated persons<br>en policy stat<br>en policy stat<br>tructions for<br>ehicles by en<br>an five vehicl<br>and retain the<br>ements conce<br><u>37, 38, 39, 44</u><br>f costs           | ement that provement that prove the provement that prove the provement that prove that prove the provement that prove the provement that prove that prove the provement that prove the prove the provement that prove the prove the prove the provement that prove the pro | bhibits p<br>by corpersonal u<br>bloyees,<br>received<br>d automo<br>s," don't<br>(b)<br>amortization<br>begins                               | II person                                                                           | al use o<br>use of vo<br>cers, di<br>nonstrat<br>te Secti<br>(c)<br>Amortizat           | f vehicle<br>ehicles, e<br>rectors,<br>on from<br>ion use<br>on B for  | except<br>or 1%<br>your e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uding com<br>commutir<br>or more ov<br>mployees<br><u>vvered veh</u><br>(d)<br><sub>Code</sub> | muting, b<br>ng, by you<br>wners<br>about<br>icles. | y your<br>ur<br>(e)<br>Amortiza                 | tion             |                   | (f)<br>mortization |               |
| more<br>37 D<br>er<br>38 D<br>er<br>39 D<br>40 D<br>th<br>41 D<br>N<br>Par                                                                                                                                                                                            | than 5% owners or relation of the second sec     | ated persons<br>en policy stat<br>en policy stat<br>tructions for<br>ehicles by en<br>an five vehicl<br>and retain the<br>ements conce<br><u>37, 38, 39, 44</u><br>f costs           | ement that provement that prove the provement that prove the provement that prove that prove the provement that prove the provement that prove that prove the provement that prove the prove the provement that prove the prove the prove the provement that prove the pro | bhibits p<br>by corpersonal u<br>bloyees,<br>received<br>d automo<br>s," don't<br>(b)<br>amortization<br>begins                               | II person                                                                           | al use o<br>use of vo<br>cers, di<br>nonstrat<br>te Secti<br>(c)<br>Amortizat           | f vehicle<br>ehicles, e<br>rectors,<br>on from<br>ion use<br>on B for  | except<br>or 1%<br>your e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | uding com<br>commutir<br>or more ov<br>mployees<br><u>vvered veh</u><br>(d)<br><sub>Code</sub> | muting, b<br>ng, by you<br>wners<br>about<br>icles. | y your<br>ur<br>(e)<br>Amortiza                 | tion             |                   | (f)<br>mortization |               |
| more<br>37 D<br>el<br>38 D<br>er<br>39 D<br>40 D<br>th<br>41 D<br>N<br>Par<br>42 A                                                                                                                                                                                    | than 5% owners or relation of the second sec     | ated persons<br>en policy stat<br>en policy stat<br>tructions for<br>ehicles by en<br>an five vehicl<br>and retain the<br>ements conce<br>37, 38, 39, 44<br>f costs<br>at begins due | ement that provement  | bhibits p<br>by corp<br>ersonal u<br>bloyees,<br>received<br>d automo<br>d automo<br>d automo<br><b>(b)</b><br><b>(b)</b><br>tax yea<br>i i i | Il personal u<br>orate offi<br>ise?<br>obtain ir<br>obtain den<br>complet           | al use o<br>use of vo<br>cers, di<br>nonstrat<br>te Secti<br>(c)<br>Amortizat<br>amount | f vehicle<br>ehicles, (<br>rectors,<br>on from<br>cion use<br>on B for | except<br>or 1%<br>your e<br>?<br>the co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | uding com<br>commutir<br>or more ov<br>mployees<br><u>vered veh</u><br>(d)<br>Code<br>section  | muting, b<br>ng, by you<br>vners<br>about<br>icles. | y your<br>ur<br>(e)<br>Amortiza<br>sriod or per | tion             |                   | (f)<br>mortization |               |
| more           37         D           el         el           38         D           el         el           39         D           40         D           th         th           41         D           N         Par           42         A           43         A | than 5% owners or relation of costs the second costs of the second costs of the second costs the second cost     | ated persons<br>en policy stat<br>tructions for<br>ehicles by en<br>an five vehicl<br>and retain the<br>ements conce<br>37, 38, 39, 44<br>f costs<br>at begins du                    | ement that provement  | bhibits p<br>by corp<br>ersonal u<br>bloyees,<br>received<br>d automo<br>s," don't<br>(b)<br>(b)<br>(b)<br>tax yea<br>i i<br>i i<br>tax yea   | Il personal u<br>orate offi<br>ise?<br>obtain ir<br>?<br>pbile den<br>complet<br>r: | al use o<br>use of vo<br>cers, di<br>nonstrat<br>te Secti<br>(c)<br>Amortizat<br>amount | f vehicle<br>ehicles, (<br>rectors,<br>on from<br>ion use?             | s, inclues except or 1% | uding com<br>commutir<br>or more ov<br>mployees<br><u>wered veh</u><br>(d)<br>Code<br>section  | muting, b<br>ng, by you<br>vners<br>about<br>cles.  | y your<br>ur<br>(e)<br>Amortiza<br>sriod or per | tion<br>centage  |                   | (f)<br>mortization |               |

Electronic Filing PDF Attachment

QLESS, INC. EIN: 27-1155885 FYE: 12/31/22

# **NET OPERATING LOSS ADJUSTMENT**

|              | NET<br>OPERATING |            | ADJUSTED NET<br>OPERATING LOSS |
|--------------|------------------|------------|--------------------------------|
|              | LOSS PER TAX     |            | CARRYFORWARD                   |
| TAX YEAR-END | RETURN           | ADJUSTMENT | TO 2021                        |
|              |                  |            |                                |
| 12/31/2016   | 34,187           |            | 34,187                         |
| 12/31/2017   | 79,256           |            | 79,256                         |
| 12/31/2018   | 82,042           |            | 82,042                         |
| 12/31/2019   | 149,337          |            | 149,337                        |
| 12/31/2020   | 59,778           | (5,336)    | 54,442                         |
| 12/31/2021   | 216,277          | (7,219)    | 209,058                        |
| Total        | 620,877          | (12,554)   | 608,323                        |

THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.

|                       |            |               |               | ADJUSTMENT |
|-----------------------|------------|---------------|---------------|------------|
|                       | ADJUSTMENT | ADJUSTMENT TO |               | TO GA NET  |
|                       | το βοοκ    | TAXABLE       | GA            | OPERATING  |
| LIST OF ADJUSTMENTS   | INCOME     | INCOME        | APPORTIONMENT | LOSS       |
|                       |            |               |               |            |
| 12/31/20 FINANCIAL    |            |               |               |            |
| STATEMENT REVIEW GAAP |            |               |               |            |
| ADJUSTMENT            | (184,199)  | (184,199)     | 2.8966%       | (5,336)    |
| 12/31/21 FINANCIAL    |            |               |               |            |
| STATEMENT REVIEW GAAP |            |               |               |            |
| ADJUSTMENT            | (189,072)  | (189,072)     | 3.8179%       | (7,219)    |
| TOTAL ADJUSTMENT      | (373,272)  | (373,272)     |               | (12,554)   |

Case 24-11395 Doc 1 Filed 06/19/24 Page 213 of 316

# TAX RETURN FILING INSTRUCTIONS

IDAHO FORM 41

# FOR THE YEAR ENDING

DECEMBER 31, 2022

# PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

# PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

# AMOUNT OF TAX:

| TOTAL TAX                    | \$<br>30 |
|------------------------------|----------|
| LESS: PAYMENTS AND CREDITS   | \$<br>30 |
| PLUS: OTHER AMOUNT           | \$<br>0  |
| PLUS: INTEREST AND PENALTIES | \$<br>0  |
| NO PAYMENT REQUIRED          | \$<br>   |

### **OVERPAYMENT:**

NOT APPLICABLE

# MAKE CHECK PAYABLE TO:

NOT APPLICABLE

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-SO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE STC. DO NOT MAIL A COPY OF THE RETURN.

# **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM 8879-SO TO US BY OCTOBER 16, 2023.

SPECIAL INSTRUCTIONS:

# State-Only e-file Signature Authorization

► Do not send to the Taxing Authority. This is not a tax return.

Keep this form for your records.

27 1155885

FEIN

| 7 ( | )553984-0553984.CORP | 2022.04030 | QLESS, | INC. | 0 |
|-----|----------------------|------------|--------|------|---|
|-----|----------------------|------------|--------|------|---|

| 00/9-90       | Do not send |
|---------------|-------------|
| Taxpayer name |             |

**Electronically Filed States** 

### IDAHO

Part I

0070

# Part II Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (**a**) an acknowledgement of receipt or reason for rejection of the transmission, (**b**) the reason for any delay in processing the return or refund, and (**c**) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

| X I authorize COHNREZNICK LLP                                                                                                                                        | to enter or generate my PIN 55885                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>ERO firm name</b><br>as my signature on my tax year 2022 electronically filed income tax return.                                                                  | Enter five numbers, but<br>do not enter all zeros              |
| I will enter my PIN as my signature on my tax year 2022 electronically filed inco<br>PIN and your return is filed using the Practitioner PIN method. The ERO must of |                                                                |
| Your signature 🕨                                                                                                                                                     | Date ►                                                         |
| Title SENIOR DIRECTOR                                                                                                                                                |                                                                |
|                                                                                                                                                                      |                                                                |
| Part III Certification and Authentication                                                                                                                            |                                                                |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PII                                                                              | N. 96289622147<br>do not enter all zeros                       |
| I certify that the above numeric entry is my PIN, which is my signature for the tax yea indicated above.                                                             | r 2022 electronically filed income tax return for the taxpayer |

# ERO's signature COHNREZNICK LLP

| <br>Date 🕨 | 10/08/2023 |
|------------|------------|
| _          |            |

# ERO Must Retain This Form Do Not Submit This Form to the Taxing Authority

219875 04-01-22

18481011 147227



Case 24-11395 Doc 1 Filed 06/19/24 Page 215 of 316

| Don't StapleForm 41IDAHOCorporati                                                                                                                | on Income                                        | Tax F                   | Return                |                                           | 1019<br><b>2022</b>     |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------|-----------------------|-------------------------------------------|-------------------------|
| Amended Return? Check the box. See the instr. for                                                                                                | For calendary<br>2022 or fiscal<br>year beginnin | year <sub>Mo</sub><br>g | en                    | Mo Day Year<br>ding                       | State use only          |
| Business name                                                                                                                                    |                                                  | Г                       | State use only        | Federal Employer Ider                     | tification Number (EIN) |
|                                                                                                                                                  |                                                  |                         | QLES                  |                                           |                         |
| QLESS, INC.<br>Current business mailing address                                                                                                  |                                                  |                         |                       |                                           | 55885                   |
| <b>U</b>                                                                                                                                         |                                                  |                         |                       | E12010                                    |                         |
| 21 MILLER ALLEY, SUITE 210                                                                                                                       |                                                  | State                   | ZIP code              | • 513210<br>Foreign country (if not U.S.) | NAICS Code              |
| PASADENA                                                                                                                                         |                                                  |                         | 91105                 | r eleigh ceann y (in nor elei)            |                         |
| 1. If a federal audit was finalized this year, enter the latest                                                                                  | vear audited                                     |                         |                       | •                                         |                         |
| <ol> <li>Is this an inactive corporation or nameholder corporatio</li> </ol>                                                                     |                                                  |                         |                       |                                           | Yes • X No              |
| 3. a. Were federal estimated tax payments required?                                                                                              |                                                  |                         |                       |                                           | Yes • X No              |
| b. Were estimated tax payments based on annualized a                                                                                             | imounts?                                         |                         |                       |                                           | Yes • No                |
| 4. Is this a final return?                                                                                                                       |                                                  |                         |                       |                                           | Yes • X No              |
| If yes, check the proper box below, and enter the date th                                                                                        |                                                  |                         |                       |                                           |                         |
|                                                                                                                                                  | Merged or reorgan                                |                         |                       | Enter new EIN                             |                         |
| 5. Is this an electrical or telephone utility?                                                                                                   |                                                  |                         |                       |                                           | Yes • X No              |
| 6. EIN of parent from consolidated Form 1120, Schedule K                                                                                         | as filed with the IRS                            | •                       |                       |                                           |                         |
| 7. Did you use the combined reporting method?                                                                                                    |                                                  |                         |                       |                                           | Yes • X No              |
| a. Does this corporation own more than 50% of anothe                                                                                             | er corporation?                                  |                         |                       |                                           | Yes • X No              |
| b. Does another corporation own more than 50% of thi                                                                                             | is corporation?                                  |                         |                       |                                           | Yes • X No              |
| c. Does one interest own more than 50% of this corpor                                                                                            | ration and another corpo                         | ration?                 |                       |                                           | └── Yes ● X No          |
| d. Are two or more corporations in this report operating                                                                                         | g in Idaho or authorized                         | to do busi              | ness in Idaho?        |                                           | └── Yes ● X No          |
| 8. If you're a multinational unitary group, answer question                                                                                      | s a, b, and c. Complete F                        | orm 42.                 | _                     |                                           |                         |
| , , , , , , , , , , , , , , , , , , , ,                                                                                                          | Worldwide return                                 |                         | ] Water's-edge return |                                           |                         |
| b. If you're filing a water's-edge return, do you elect no                                                                                       |                                                  |                         |                       |                                           | └── Yes ● └── No        |
| c. If you're filing a worldwide return, did you compute                                                                                          |                                                  |                         |                       |                                           | └── Yes ● └── No        |
| 9. Did you claim the property tax exemption for investmen                                                                                        |                                                  |                         |                       |                                           | ── Yes ● X No           |
| 10. Are one or more corporations in this report paying the I                                                                                     | daho premium tax?                                |                         |                       |                                           | Yes • X No              |
| Additions                                                                                                                                        |                                                  |                         |                       |                                           | 4 000 214               |
| 11. Federal taxable income. See instructions                                                                                                     |                                                  |                         |                       | • 11                                      | -4,989,314              |
| 12. Interest and dividends not taxable under Internal Reven                                                                                      |                                                  |                         |                       |                                           |                         |
| 13. State, municipal, and local taxes measured by net incom                                                                                      |                                                  |                         |                       |                                           |                         |
| 4. Net operating loss deducted on federal return                                                                                                 |                                                  |                         |                       | • 14                                      |                         |
| 5. Dividends-received deduction on federal return                                                                                                |                                                  |                         |                       |                                           | <u> </u>                |
| 616. Bonus depreciation. Include a schedule<br>Check the box if you have a current year loss limitation.                                         | Coo instructions                                 | r                       |                       |                                           |                         |
|                                                                                                                                                  |                                                  |                         |                       |                                           |                         |
| 17. Other additions, including additions from Form 42, Part                                                                                      |                                                  |                         |                       |                                           | -4,989,314              |
| 18. Add lines 11 through 17                                                                                                                      |                                                  |                         |                       |                                           | 4,000,014               |
| 19. Foreign dividend gross-up (Sec. 78, Internal Revenue Co                                                                                      | ode)                                             |                         |                       | • 19                                      |                         |
| 20. Interest from Idaho municipal securities                                                                                                     | uu j                                             |                         | • 20                  |                                           |                         |
| 21. Interest on U.S. government obligations Include a sche                                                                                       | dule                                             |                         | • 21                  |                                           |                         |
| <ul><li>21. Interest on U.S. government obligations. Include a sche</li><li>22. Interest and other expenses related to lines 20 and 21</li></ul> |                                                  |                         | • 22                  |                                           |                         |
| 23. Add lines 20 and 21, then subtract line 22                                                                                                   |                                                  |                         |                       | 23                                        |                         |
| 24. Technological equipment donation                                                                                                             |                                                  |                         |                       |                                           |                         |
|                                                                                                                                                  |                                                  |                         |                       |                                           |                         |
| <ul><li>25. Allocated income. Include a schedule</li><li>26. Interest and other expenses related to line 25. Include a</li></ul>                 | schedule                                         |                         | • 26                  |                                           |                         |
| 27. Subtract line 26 from line 25                                                                                                                |                                                  |                         |                       | 27                                        |                         |
| 28. Bonus depreciation. Include a schedule                                                                                                       |                                                  |                         |                       |                                           |                         |
| 29. Other subtractions, including subtractions from Form 42                                                                                      |                                                  |                         |                       |                                           |                         |
| 30. Total subtractions. Add lines 19, 23, 24, 27, 28, and 29                                                                                     |                                                  |                         |                       |                                           |                         |
| 31. Net business income subject to apportionment. Subtrac                                                                                        |                                                  |                         |                       |                                           | -4,989,314              |
| Continue to                                                                                                                                      |                                                  |                         |                       |                                           |                         |
| MAIL TO: Idaho State Tax Commission, PO Bo                                                                                                       |                                                  | 56-0056                 |                       |                                           |                         |
| Include a complete copy of your federal                                                                                                          |                                                  |                         |                       |                                           |                         |
| EFO00025 09-29-2022 248301 10-14-22                                                                                                              |                                                  |                         | Page 1 of 2           | ∎∎   ∎<br>0 2 :                           |                         |

# Case 24-11395 Doc 1 Filed 06/19/24 Page 216 of 316

| IDAHO State Tax Commission                                                                                                      | 1019        | Form 41 |                    |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|---------|--------------------|
| 32. Net business income subject to apportionment. Enter the amount from line 31                                                 |             | 32      | -4,989,314         |
| 33. Corporations with all activity in Idaho enter 100%. Multistate/multinational corporations complete and                      |             |         |                    |
| include Form 42; enter the apportionment factor from Form 42, Part I, line 21                                                   |             | • 33    | .7340 %            |
| 34. Net business income apportioned to Idaho. Multiply line 32 by the percent on line 33                                        |             |         | .7340 %<br>-36,622 |
| 35. Income allocated to Idaho. See instructions                                                                                 |             |         |                    |
| 36. Idaho net operating loss carryover • carryback •                                                                            |             |         |                    |
| SEE                                                                                                                             | STATEMENT   | 1       |                    |
| 37. Idaho taxable income. Add lines 34 and 35, then subtract line 36                                                            |             |         | -36,622            |
| 38. Idaho income tax. Multiply line 37 by 6%. Minimum \$20 for each corporation. (See instructions.)                            |             |         | 20                 |
| Credits                                                                                                                         |             | 00      |                    |
|                                                                                                                                 |             |         |                    |
|                                                                                                                                 |             |         |                    |
| 40. Credit for contributions to Idaho youth and rehabilitation facilities                                                       |             |         |                    |
| 41. Total business income tax credits from Form 44, Part I, line 10. Include Form 44                                            |             | 40      |                    |
| 42. Total credits. Add lines 39 through 41                                                                                      |             |         | 20                 |
| 43. Subtract line 42 from line 38. If line 42 is greater than line 38, enter zero                                               |             | 43      | 20                 |
| Other Taxes                                                                                                                     |             |         | 10                 |
| 44. Permanent building fund tax. Enter \$10. Combined reports include \$10 for each corporation operating or authorized to do h |             | • 44    | 10                 |
| 45. Total tax from recapture of income tax credits from Form 44, Part II, line 6. Include Form 44                               |             |         |                    |
| 46. Fuels tax due. Include Form 75                                                                                              |             |         |                    |
| 47. Sales/use tax due on untaxed purchases (online, mail order and other)                                                       |             |         |                    |
| 48. Tax from recapture of qualified investment exemption (QIE). Include Form 49ER                                               |             |         |                    |
| 49. Total tax. Add lines 43 through 48                                                                                          |             |         | 30                 |
| 50. Underpayment interest. Include Form 41ESR                                                                                   |             |         |                    |
| 51. Donation to Opportunity Scholarship Program                                                                                 |             | • 51    |                    |
| 52. Add lines 49 through 51                                                                                                     |             | 52      | 30                 |
| Payments and Other Credits                                                                                                      |             |         |                    |
| 53. Estimated tax payments. If made under other EINs, provide EINs, amounts, and rollforwards                                   |             | • 53    | 30                 |
| 54. Tax paid by ABE on the corporation's behalf                                                                                 |             | • 54    |                    |
| 55. Special fuels tax refund Gasoline tax refund                                                                                |             |         |                    |
| 56. Tax reimbursement incentive credit. • Claim of Right credit •                                                               |             |         |                    |
| Include certificate                                                                                                             |             |         |                    |
| 57. Total payments and other credits. Add lines 53 through 56                                                                   |             | 57      | 30                 |
| Refund or Payment Due                                                                                                           |             |         |                    |
| 58. Tax due. If line 52 is more than line 57, subtract line 57 from line 52                                                     |             | • 58    |                    |
| 59. Penalty • Interest from the due date •                                                                                      | Enter total |         |                    |
| 60. Nonrefundable credit from a prior year return. See Form 44 instructions                                                     |             | • 60    |                    |
| 61. Total Due. Add lines 58 and 59, then subtract line 60                                                                       | •           | 61      |                    |
| 62. Overpayment. If line 52 is less than line 57, subtract line 52 from line 57                                                 |             |         |                    |
| 63. Refund Apply to 2023 •                                                                                                      |             |         |                    |
| Amended Return Only. Complete this section to determine your tax due or refund.                                                 |             |         |                    |
| 64. Total due (line 61) or overpayment (line 62) on this return                                                                 |             | 64      |                    |
| 65. Refund from original return plus additional refunds                                                                         |             |         |                    |
| 66. Tax paid with original return plus additional tax paid                                                                      |             |         |                    |
| 67. Amended tax due or refund. Add lines 64 and 65, then subtract line 66                                                       |             |         |                    |
|                                                                                                                                 |             |         |                    |

• X Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below. Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct, and complete. See instructions.

|          | Signature of officer            |     |                 | Date                         |
|----------|---------------------------------|-----|-----------------|------------------------------|
| Sign     | •                               |     |                 | 10/08/23                     |
| Here     | Title                           |     |                 | Phone number                 |
|          | SENIOR DIRECTOR                 |     |                 | 415-309-2787                 |
| Paid pre | eparer's signature              |     |                 | Preparer's EIN, SSN, or PTIN |
| • DA     | RIN JAMES                       |     |                 | • P00361390                  |
| Address  | <sup>5</sup> 707 WILSHIRE BLVD, | STE | 4950            | Phone number                 |
| LOS      | ANGELES, CA 90017               |     |                 | 310-843-9700                 |
| EFO0     | 0025 09-29-2022                 |     | 248302 10-18-22 | Page 2 of 2                  |

# **IDAHO** State Tax Commission

# Form 42 Apportionment and Combined Reporting Adjustments

Include with Idaho Income Tax Return as Page 3

| Name as shown on return                                                           |             |           |                   | '       | Federal Employer Identification Numb  | er (EIN)   |
|-----------------------------------------------------------------------------------|-------------|-----------|-------------------|---------|---------------------------------------|------------|
| QLESS, INC.                                                                       |             |           |                   |         | 27-1155885                            |            |
| Part I. Apportionment Formula                                                     |             | Check     | if using three fa | ctor ap | portionment                           |            |
| Property (Owned Property at Original Cost)                                        |             |           | Total             |         | Idaho                                 | Percentage |
| Beginning of Year                                                                 |             | 1         |                   |         |                                       |            |
| A laurate for                                                                     |             |           |                   |         |                                       |            |
| 1. Inventories                                                                    |             |           | 156,              | 360     | 0                                     |            |
| 2. Real and tangible personal property                                            | 2           | <b>•</b>  | ,                 | 3090    | · · · · · · · · · · · · · · · · · · · |            |
| Ending of Year                                                                    |             |           |                   |         |                                       |            |
| 3. Inventories                                                                    |             |           | 267,              | 271     | 0                                     |            |
| 4. Real and tangible personal property                                            |             | <b>–</b>  |                   |         | 0                                     |            |
| 5. Total of lines 1 through 4                                                     |             |           | 423,              |         | 0                                     |            |
| 6. Average. Line 5 divided by 2                                                   |             | •         | 211,              |         |                                       |            |
| 7. Rented property (capitalized at 8 times rents paid)                            |             |           | 1,417,            |         |                                       |            |
| 8. Total property. Add lines 6 and 7                                              |             | •         | 1,629,            | 4/0     |                                       | 0000       |
| 9. Idaho property percentage. Compute percentage to four deci                     | mal places  | 3<br>T    |                   | ·····   |                                       | .0000 %    |
| Sales (Gross Receipts)                                                            |             |           |                   |         |                                       |            |
| 10. Gross sales, less returns and allowances                                      |             | •         |                   | _       |                                       |            |
| 11. Sales delivered or shipped to Idaho purchasers                                |             | 4         |                   | •       | <u> </u>                              |            |
| 12. Idaho "throwback" sales                                                       |             |           |                   | •       | ,                                     |            |
| 13. Sales of services                                                             | . 13        | •         | 8,481,            |         |                                       |            |
| 14. Other business gross receipts                                                 |             | •         |                   | 623     |                                       |            |
| 15. Total gross receipts. Add lines 10 through 14                                 | 15          | •         | 8,503,            | 223     | 62,411                                |            |
| 16. Idaho sales percentage. Compute percentage to four decima                     | places      |           |                   |         |                                       | .7340 %    |
| 17. Reserved                                                                      |             |           |                   | <u></u> | 17                                    |            |
| Payroll                                                                           |             |           |                   |         |                                       |            |
| 18. Total wages and salaries                                                      | 18          | •         | 5,161,            | 865     | 66,888                                |            |
| 19. Idaho payroll percentage. Compute percentage to four decim                    | al places   |           |                   |         |                                       | 1.2958 %   |
| 20. Total Percentage. See instructions                                            |             |           |                   |         | 20                                    | .7340 %    |
| 21. Idaho Apportionment Factor. See instructions                                  |             |           |                   |         |                                       | .7340 %    |
| Part II. Combined Reporting Adjustments                                           |             |           |                   |         | Water's Edge                          | Worldwide  |
| Additions                                                                         |             |           |                   |         |                                       |            |
| 1. Income of unitary foreign subsidiaries. See instructions                       |             |           |                   | 1       | ľ                                     | •          |
| 2. Federal taxable income of unitary subsidiaries not included of                 |             |           |                   | 2 •     | )                                     | •          |
| 3. Income of foreign corporations subject to federal taxation                     |             |           |                   | 3 •     | )                                     |            |
| 4. Intercompany transactions eliminated on the federal return                     |             |           |                   | 4 •     | )                                     | •          |
| 5. Other additions. Include explanation                                           |             |           |                   | 5       |                                       | •          |
|                                                                                   |             |           |                   |         |                                       |            |
| 6. Total additions. Add lines 1 through 5. Enter on Form 41, line<br>Subtractions | 5 17        |           |                   | 6       |                                       |            |
|                                                                                   | n tha fada  | rol rotur |                   | -       |                                       | •          |
| 7. Federal taxable income of nonunitary subsidiaries included o                   | n the tede  | rai retur | n                 | 7       |                                       | •          |
| 8. Exclusion for foreign dividends                                                |             |           |                   |         |                                       |            |
| a. Foreign dividends                                                              |             |           |                   | 8a •    | ,<br>                                 |            |
| b. Enter 80% if no spreadsheets filed or 85% if spreadsheet                       |             |           |                   | 8b      | %                                     |            |
| c. Dividend exclusion. Multiply line 8a by line 8b                                |             |           |                   | 8c •    |                                       |            |
|                                                                                   |             |           |                   | 9       |                                       | •          |
|                                                                                   |             |           |                   | 10      |                                       | •          |
| 11. Other subtractions. Include explanation                                       |             |           |                   | 11      | ,                                     | •          |
| 12. Total subtractions. Add lines 7, 8c, 9, 10, and 11. Enter on Fe               | orm 41. lir | ie 29     |                   | 12      |                                       |            |
|                                                                                   |             |           |                   | ·- (    |                                       |            |

EFO00029 09-14-2022

248821 10-14-22

# Case 24-11395 Doc 1 Filed 06/19/24 Page 218 of 316

## Form 56 Net Operating Loss Schedule State Tax Commission

| Names as sl | hown on return                                                             |      |      |      |      |   | Social See | curity number or EIN |      |      |
|-------------|----------------------------------------------------------------------------|------|------|------|------|---|------------|----------------------|------|------|
| QLESS,      | INC.                                                                       |      |      |      |      |   | 27-3       | 1155885              |      |      |
|             | Loss or Absorption Year                                                    | 2000 | 2001 | 2002 | 2003 | 2 | 004        | 2005                 | 2006 | 2007 |
| 2. Idaho n  | djusted income per return                                                  |      |      |      |      |   |            |                      |      |      |
|             | ck. Enter as positive                                                      |      |      |      |      |   |            |                      |      |      |
|             | apital gains deduction. Enter as                                           |      |      |      |      |   |            |                      |      |      |
| Enter as    | ualified business income deduction.<br>s positive. (For years beginning in |      |      |      |      |   |            |                      |      |      |
|             | y losses on Idaho property included zed deductions. Enter as negative      |      |      |      |      |   |            |                      |      |      |
|             | et operating loss. Add lines 1<br>16                                       |      |      |      |      |   |            |                      |      |      |
|             | bsorption income. Add lines 1<br>16                                        |      |      |      |      |   |            |                      |      |      |

**IDAHO** 

# Case 24-11395 Doc 1 Filed 06/19/24 Page 219 of 316

# IDAHO State Tax Commission

Form 56 2022 (continued)

| Names as shown on return                                                                                                              |      |      |      |      | Social Sec | urity number or EIN |      |      |
|---------------------------------------------------------------------------------------------------------------------------------------|------|------|------|------|------------|---------------------|------|------|
| QLESS, INC.                                                                                                                           |      |      |      |      | 27-1       | L155885             |      |      |
| Loss or Absorption Year                                                                                                               | 2008 | 2009 | 2010 | 2011 | 2012       | 2013                | 2014 | 2015 |
| <ol> <li>Idaho adjusted income per return</li> <li>Idaho net operating loss carryforward/<br/>carryback. Enter as positive</li> </ol> |      |      |      |      |            |                     |      |      |
| <ol> <li>Net capital loss. Enter as positive</li> <li>Idaho capital gains deduction. Enter as</li> </ol>                              |      |      |      |      |            |                     |      |      |
| positive                                                                                                                              |      |      |      |      |            |                     |      |      |
| <ol> <li>Idaho qualified business income deduction.<br/>Enter as positive. (For years beginning in<br/>2019.)</li> </ol>              |      |      |      |      |            |                     |      |      |
| <ol> <li>Casualty losses on Idaho property included<br/>in itemized deductions. Enter as negative</li> </ol>                          |      |      |      |      |            |                     |      |      |
| <ol> <li>Idaho net operating loss. Add lines 1<br/>through 6</li> </ol>                                                               |      |      |      |      |            |                     |      |      |
| <ol> <li>Idaho absorption income. Add lines 1<br/>through 6</li> </ol>                                                                |      |      |      |      |            |                     |      |      |

# IDAHO State Tax Commission

Form 56 2022 (continued)

| Names as shown on return                                                                                                      |        |         |         |         | Social Sec | urity number or EIN |         |  |
|-------------------------------------------------------------------------------------------------------------------------------|--------|---------|---------|---------|------------|---------------------|---------|--|
| QLESS, INC.                                                                                                                   |        |         |         |         | 27-1       | L155885             |         |  |
| Loss or Absorption Year                                                                                                       | 2016   | 2017    | 2018    | 2019    | 2020       | 2021                | 2022    |  |
| 1. Idaho adjusted income per return                                                                                           | -3928. | -42010. | -38951. | -30428. | -11925.    | -41227.             | -36622. |  |
| 2. Idaho net operating loss carryforward/<br>carryback. Enter as positive                                                     |        |         |         |         |            |                     |         |  |
| 3. Net capital loss. Enter as positive                                                                                        |        |         |         |         |            |                     |         |  |
| 4. Idaho capital gains deduction. Enter as positive                                                                           |        |         |         |         |            |                     |         |  |
| <ol> <li>Idaho qualified business income deduction.</li> <li>Enter as positive. (For years beginning in<br/>2019.)</li> </ol> |        |         |         |         |            |                     |         |  |
| <ol> <li>Casualty losses on Idaho property included<br/>in itemized deductions. Enter as negative</li> </ol>                  |        |         |         |         |            |                     |         |  |
| <ol> <li>Idaho net operating loss. Add lines 1<br/>through 6</li> </ol>                                                       | -3928. | -42010. | -38951. | -30428. | -11925.    | -41227.             | -36622. |  |
| <ol> <li>Idaho absorption income. Add lines 1<br/>through 6</li> </ol>                                                        |        |         |         |         |            |                     |         |  |

# Case 24-11395 Doc 1 Filed 06/19/24 Page 221 of 316

# IDAHO<br/>State Tax CommissionForm 56A<br/>Net Operating Loss Application

| Names as shown on return                    |      |      |      |      | Social Se | curity number or EIN |      |      |
|---------------------------------------------|------|------|------|------|-----------|----------------------|------|------|
| QLESS, INC.                                 |      |      |      |      | 27-       | 1155885              |      |      |
| Loss or Absorption Year                     | 2000 | 2001 | 2002 | 2003 | 2004      | 2005                 | 2006 | 2007 |
| 1. Idaho loss. Form 56, line 7              |      |      |      |      |           |                      |      |      |
| 2. Idaho absorption income. Form 56, line 8 |      |      |      |      |           |                      |      |      |
| Carryback                                   | -    | 1    | -    | T    | 1         | T                    | T    |      |
| 3. Loss used in 2nd preceding year          |      |      |      |      |           |                      |      |      |
| 4. Loss used in 1st preceding year          |      |      |      |      |           |                      |      |      |
| Carryforward                                | -    | -    | _    |      |           |                      |      |      |
| 5. Loss used in 2000                        |      |      |      |      |           | -                    |      |      |
| 6. Loss used in 2001                        |      |      |      |      |           |                      |      |      |
| 7. Loss used in 2002                        |      |      |      |      |           |                      |      |      |
| 8. Loss used in 2003                        |      |      | _    |      |           |                      |      |      |
| 9. Loss used in 2004                        |      |      | _    |      |           |                      |      |      |
| 10. Loss used in 2005                       |      |      | _    |      |           |                      |      |      |
| 11. Loss used in 2006                       |      |      | _    |      |           |                      |      |      |
| 12. Loss used in 2007                       |      |      | _    |      |           |                      |      |      |
| 13. Loss used in 2008                       |      |      | _    |      |           |                      |      |      |
| 14. Loss used in 2009                       |      |      | _    |      |           |                      |      |      |
| 15. Loss used in 2010                       |      |      |      |      |           |                      |      |      |
| 16. Loss used in 2011                       |      |      |      |      |           |                      |      |      |
| 17. Loss used in 2012                       |      |      |      |      |           |                      |      |      |
| 18. Loss used in 2013                       |      |      |      |      |           |                      |      |      |
| 19. Loss used in 2014                       |      |      |      |      |           |                      |      |      |
| 20. Loss used in 2015                       |      |      |      |      |           |                      |      |      |
| 21. Loss used in 2016                       |      |      |      |      |           |                      |      |      |
| 22. Loss used in 2017                       |      |      |      |      |           |                      |      |      |
| 23. Loss used in 2018                       |      |      |      |      |           |                      |      |      |
| 24. Loss used in 2019                       |      |      |      |      |           |                      |      |      |
| 25. Loss used in 2020                       |      |      |      |      |           |                      |      |      |
| 26. Loss used in 2021                       |      |      |      |      |           |                      |      |      |
| 27. Loss used in 2022                       |      |      |      |      |           |                      |      |      |
| 28. Remaining loss                          |      |      |      |      |           |                      |      |      |
| 29. Total carryover loss remaining          |      |      |      |      |           |                      |      |      |

1019

2022

# Case 24-11395 Doc 1 Filed 06/19/24 Page 222 of 316

# IDAHO<br/>State Tax CommissionForm 56A<br/>Net Operating Loss Application

| Names as shown on return                    |      |      |      |      | Social Sec | curity number or EIN |      |      |
|---------------------------------------------|------|------|------|------|------------|----------------------|------|------|
| QLESS, INC.                                 |      |      |      |      | 27-2       | 1155885              |      |      |
| Loss or Absorption Year                     | 2008 | 2009 | 2010 | 2011 | 2012       | 2013                 | 2014 | 2015 |
| 1. Idaho loss. Form 56, line 7              |      |      |      |      |            |                      |      |      |
| 2. Idaho absorption income. Form 56, line 8 |      |      |      |      |            |                      |      |      |
| Carryback                                   |      |      |      |      |            |                      |      |      |
| 3. Loss used in 2nd preceding year          |      |      |      |      |            |                      |      |      |
| 4. Loss used in 1st preceding year          |      |      |      |      |            |                      |      |      |
| Carryforward                                |      |      |      |      |            |                      |      |      |
| 5. Loss used in 2000                        |      |      |      |      |            |                      |      |      |
| 6. Loss used in 2001                        |      |      |      |      |            |                      |      |      |
| 7. Loss used in 2002                        |      |      |      |      |            |                      |      |      |
| 8. Loss used in 2003                        |      |      |      |      |            |                      |      |      |
| 9. Loss used in 2004                        |      |      |      |      |            |                      |      |      |
| 10. Loss used in 2005                       |      |      |      |      |            |                      |      |      |
| 11. Loss used in 2006                       |      |      |      |      |            |                      |      |      |
| 12. Loss used in 2007                       |      |      |      |      |            |                      |      |      |
| 13. Loss used in 2008                       |      |      |      |      |            |                      |      |      |
| 14. Loss used in 2009                       |      |      |      |      |            |                      |      |      |
| 15. Loss used in 2010                       |      |      |      |      |            |                      |      |      |
| 16. Loss used in 2011                       |      |      |      |      |            |                      |      |      |
| 17. Loss used in 2012                       |      |      |      |      |            |                      |      |      |
| 18. Loss used in 2013                       |      |      |      |      |            |                      |      |      |
| 19. Loss used in 2014                       |      |      |      |      |            |                      |      |      |
| 20. Loss used in 2015                       |      |      |      |      |            |                      |      |      |
| 21. Loss used in 2016                       |      |      |      |      |            |                      |      |      |
| 22. Loss used in 2017                       |      |      |      |      |            |                      |      |      |
| 23. Loss used in 2018                       |      |      |      |      |            |                      |      |      |
| 24. Loss used in 2019                       |      |      |      |      |            |                      |      |      |
| 25. Loss used in 2020                       |      |      |      |      |            |                      |      |      |
| 26. Loss used in 2021                       |      |      |      |      |            |                      |      |      |
| 27. Loss used in 2022                       |      |      |      |      |            |                      |      |      |
| 28. Remaining loss                          |      |      |      |      |            |                      |      |      |
| 29 Total carryover loss remaining           |      |      |      |      |            |                      |      |      |

**2022**<sup>1019</sup>

# **J**<br/>ommissionForm 56A<br/>Net Operating Loss Application

| Names as shown on return                    |        |         |         |         | Social Sec | urity number or EIN |          |  |
|---------------------------------------------|--------|---------|---------|---------|------------|---------------------|----------|--|
| QLESS, INC.                                 |        |         |         |         | 27-1       | 155885              |          |  |
| Loss or Absorption Year                     | 2016   | 2017    | 2018    | 2019    | 2020       | 2021                | 2022     |  |
| 1. Idaho loss. Form 56, line 7              |        | -42010. | -38951. | -30428. | -11925.    | -41227.             | -36622.  |  |
| 2. Idaho absorption income. Form 56, line 8 |        |         |         |         |            |                     |          |  |
| Carryback                                   |        |         | •       |         | •          |                     |          |  |
| 3. Loss used in 2nd preceding year          |        |         |         |         |            |                     |          |  |
| 4. Loss used in 1st preceding year          |        |         |         |         |            |                     |          |  |
| Carryforward                                |        |         | -       |         | -          |                     |          |  |
| 5. Loss used in 2000                        |        |         |         |         |            |                     |          |  |
| 6. Loss used in 2001                        |        |         |         |         |            |                     |          |  |
| 7. Loss used in 2002                        |        |         |         |         |            |                     |          |  |
| 8. Loss used in 2003                        |        |         |         |         |            |                     |          |  |
| 9. Loss used in 2004                        |        |         |         |         |            |                     |          |  |
| 10. Loss used in 2005                       |        |         |         |         |            |                     |          |  |
| 11. Loss used in 2006                       |        |         |         |         |            |                     |          |  |
| 12. Loss used in 2007                       |        |         |         |         |            |                     |          |  |
| 13. Loss used in 2008                       |        |         |         |         |            |                     |          |  |
| 14. Loss used in 2009                       |        |         |         |         |            |                     |          |  |
| 15. Loss used in 2010                       |        |         |         |         |            |                     |          |  |
| 16. Loss used in 2011                       |        |         |         |         |            |                     |          |  |
| 17. Loss used in 2012                       |        |         |         |         |            |                     |          |  |
| 18. Loss used in 2013                       |        |         |         |         |            |                     |          |  |
| 19. Loss used in 2014                       |        |         |         |         |            |                     |          |  |
| 20. Loss used in 2015                       |        |         |         |         |            |                     |          |  |
| 21. Loss used in 2016                       |        |         |         |         |            |                     |          |  |
| 22. Loss used in 2017                       |        |         |         |         |            |                     |          |  |
| 23. Loss used in 2018                       |        |         |         |         |            |                     |          |  |
| 24. Loss used in 2019                       |        |         |         |         |            |                     |          |  |
| 25. Loss used in 2020                       |        |         |         |         |            |                     |          |  |
| 26. Loss used in 2021                       |        |         |         |         |            |                     |          |  |
| 27. Loss used in 2022                       |        |         |         |         |            |                     |          |  |
| 28. Remaining loss                          | -3928. | -42010. | -38951. | -30428. | -11925.    | -41227.             | -36622.  |  |
| 29. Total carryover loss remaining          |        |         |         |         |            |                     | -205091. |  |

**IDAHO** State Tax Commission QLESS, INC.

27 - 1155885

| ID 41      | IDAHC               | BUSINESS LOSS                 | DEDUCTION         | STATEMENT 1 |
|------------|---------------------|-------------------------------|-------------------|-------------|
| TAX YEAR   | LOSS SUSTAINED      | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING |             |
| 12/31/16   | 3,928.00            | 0.00                          | 3,928.00          |             |
| 12/31/17   | 42,010.00           | 0.00                          | 42,010.00         |             |
| 12/31/18   | 38,951.00           | 0.00                          | 38,951.00         |             |
| 12/31/19   | 30,428.00           | 0.00                          | 30,428.00         |             |
| 12/31/20   | 11,925.00           | 0.00                          | 11,925.00         |             |
| 12/31/21   | 41,227.00           | 0.00                          | 41,227.00         |             |
| TOTAL LOSS | CARRYOVER AVAILABLE | THIS YEAR                     | 168,469.00        |             |

Electronic Filing PDF Attachment

QLESS, INC. EIN: 27-1155885 FYE: 12/31/22

# **NET OPERATING LOSS ADJUSTMENT**

|              | NET<br>OPERATING |            | ADJUSTED NET<br>OPERATING LOSS |
|--------------|------------------|------------|--------------------------------|
|              | LOSS PER TAX     |            | CARRYFORWARD                   |
| TAX YEAR-END | RETURN           | ADJUSTMENT | TO 2021                        |
|              |                  |            |                                |
| 12/31/2016   | 3,928            |            | 3,928                          |
| 12/31/2017   | 42,010           |            | 42,010                         |
| 12/31/2018   | 38,951           |            | 38,951                         |
| 12/31/2019   | 30,428           |            | 30,428                         |
| 12/31/2020   | 13,094           | (1,169)    | 11,925                         |
| 12/31/2021   | 42,650           | (1,423)    | 41,227                         |
| Total        | 171,061          | (2,592)    | 168,469                        |

THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.

|                       |            |               |               | ADJUSTMENT |
|-----------------------|------------|---------------|---------------|------------|
|                       | ADJUSTMENT | ADJUSTMENT TO |               | TO ID NET  |
|                       | το βοοκ    | TAXABLE       | ID            | OPERATING  |
| LIST OF ADJUSTMENTS   | INCOME     | INCOME        | APPORTIONMENT | LOSS       |
|                       |            |               |               |            |
| 12/31/20 FINANCIAL    |            |               |               |            |
| STATEMENT REVIEW GAAP |            |               |               |            |
| ADJUSTMENT            | (184,199)  | (184,199)     | 0.6345%       | (1,169)    |
| 12/31/21 FINANCIAL    |            |               |               |            |
| STATEMENT REVIEW GAAP |            |               |               |            |
| ADJUSTMENT            | (189,072)  | (189,072)     | 0.7529%       | (1,423)    |
| TOTAL ADJUSTMENT      | (373,272)  | (373,272)     |               | (2,592)    |

Case 24-11395 Doc 1 Filed 06/19/24 Page 227 of 316

# TAX RETURN FILING INSTRUCTIONS

KANSAS FORM K-120

# FOR THE YEAR ENDING

DECEMBER 31, 2022

# PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

# PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

## AMOUNT OF TAX:

| TOTAL TAX                    | \$<br>0 |
|------------------------------|---------|
| LESS: PAYMENTS AND CREDITS   | \$<br>0 |
| PLUS: OTHER AMOUNT           | \$<br>0 |
| PLUS: INTEREST AND PENALTIES | \$<br>0 |
| NO PAYMENT REQUIRED          | \$      |

### **OVERPAYMENT:**

NOT APPLICABLE

## MAKE CHECK PAYABLE TO:

NOT APPLICABLE

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-SO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE KS DOR. DO NOT MAIL A COPY OF THE RETURN.

# **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM 8879-SO TO US BY OCTOBER 16, 2023.

SPECIAL INSTRUCTIONS:

# State-Only e-file Signature Authorization

► Do not send to the Taxing Authority. This is not a tax return.

Keep this form for your records.

27 1155885

FEIN

# 18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.

# QLESS, INC. Part I Electronically Filed States

## KANSAS

Taxpayer name

8879-S

# Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only 55885 X Lauthorize COHNREZNICK LLP to enter or generate my PIN ERO firm name Enter five numbers, but as my signature on my tax year 2022 electronically filed income tax return. do not enter all zeros I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature 🕨 \_\_\_\_\_ Date Title SENIOR DIRECTOR Part III **Certification and Authentication** 96289622147 **ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature **COHNREZNICK** LLP

Date **10/08/2023** 

# ERO Must Retain This Form Do Not Submit This Form to the Taxing Authority

219875 04-01-22

# Case 24-11395 Doc 1 Filed 06/19/24 Page 229 of 316

| Form <b>7004</b>           |
|----------------------------|
| (Rev. December 2018)       |
| Department of the Treasury |
| Internal Revenue Service   |

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns ▶ File a separate application for each return.

OMB No. 1545-0233

| Internal Revenue | Service          | Go to www.irs.gov/Form                                                   | n7004 for in    | structions and the latest information.              |         |                      |              |
|------------------|------------------|--------------------------------------------------------------------------|-----------------|-----------------------------------------------------|---------|----------------------|--------------|
|                  | Name             |                                                                          |                 |                                                     | ld      | entifying number     |              |
| Print            | QLESS,           | INC. R VO                                                                |                 | RECOR                                               | Π       | 27-11558             | 385          |
| or               | Number, stree    | t, and room or suite no. (If P.O. box, see in:                           | structions.)    |                                                     |         | U                    |              |
| Туре             | 21 MIL           | LER ALLEY, SUITE 21                                                      | 0               |                                                     |         |                      |              |
|                  | City, town, sta  | ate, and ZIP code (If a foreign address, ente                            | r city, provinc | e or state, and country (follow the country's pract | ice for | entering postal co   | de).)        |
|                  | PASADE           | NA, CA 91105                                                             |                 |                                                     |         |                      |              |
| Note: File re    |                  | ension by the due date of the return. S                                  | See instruction | ons before completing this form.                    |         |                      |              |
|                  |                  |                                                                          |                 | Tax, Information, and Other Ret                     | urns    | See instru           | ctions.      |
|                  |                  | r the return listed below that this appl                                 |                 |                                                     |         |                      | 12           |
| Application      |                  |                                                                          | Form            | Application                                         | <u></u> |                      | Form         |
| Is For:          |                  |                                                                          | Code            | Is For:                                             |         |                      | Code         |
| Form 706-GS      | S(D)             |                                                                          | 01              | Form 1120-ND (section 4951 taxes)                   |         |                      | 20           |
| Form 706-GS      |                  |                                                                          | 02              | Form 1120-PC                                        |         |                      | 21           |
|                  | pankruptcy es    | tate only)                                                               | 03              | Form 1120-POL                                       |         |                      | 22           |
|                  |                  | an a bankruptcy estate)                                                  | 04              | Form 1120-REIT                                      |         |                      | 23           |
| Form 1041 (t     |                  |                                                                          | 05              | Form 1120-RIC                                       |         |                      | 24           |
| Form 1041-N      |                  |                                                                          | 06              | Form 1120S                                          |         |                      | 25           |
| Form 1041-G      |                  |                                                                          | 07              | Form 1120-SF                                        |         |                      | 26           |
| Form 1042        |                  |                                                                          | 08              | Form 3520-A                                         |         |                      | 27           |
| Form 1065        |                  |                                                                          | 09              | Form 8612                                           |         |                      | 28           |
| Form 1066        |                  |                                                                          | 11              | Form 8613                                           |         |                      | 29           |
| Form 1120        |                  |                                                                          | 12              | Form 8725                                           |         |                      | 30           |
| Form 1120-C      | ;                |                                                                          | 34              | Form 8804                                           |         |                      | 31           |
| Form 1120-F      |                  |                                                                          | 15              | Form 8831                                           |         |                      | 32           |
| Form 1120-F      |                  |                                                                          | 16              | Form 8876                                           |         |                      | 33           |
| Form 1120-H      |                  |                                                                          | 17              | Form 8924                                           |         |                      | 35           |
| Form 1120-L      |                  |                                                                          | 18              | Form 8928                                           |         |                      | 36           |
| Form 1120-N      |                  |                                                                          | 19              |                                                     |         |                      |              |
|                  |                  | lust Complete This Part                                                  |                 |                                                     |         |                      |              |
| 2 If the org     | anization is a   | foreign corporation that does not hav                                    | e an office o   | r place of business in the United States,           |         |                      |              |
| check he         | ere              | <b>.</b> .                                                               |                 | •                                                   |         |                      |              |
|                  |                  |                                                                          |                 | that intends to file a consolidated return,         |         |                      |              |
| check he         | ere              |                                                                          |                 | DEOOD                                               |         |                      |              |
|                  |                  |                                                                          |                 | identification number (EIN) for each membe          | er      |                      |              |
| covered          | by this applic   | ation.                                                                   |                 |                                                     |         |                      |              |
| 4 If the org     | anization is a   | corporation or partnership that qualifi                                  | es under Re     | gulations section 1.6081-5, check here              |         |                      | ►            |
| 5a The appl      | ication is for o | alendar year 2022, or tax year begin                                     | nning           | , and ending                                        |         |                      |              |
|                  |                  | tax year is less than 12 months, chec<br>unting period Consolidated retu |                 |                                                     |         | ition.)              |              |
| 6 Tentative      | e total tax      |                                                                          |                 |                                                     | 6       |                      | 0.           |
| 7 Total pag      | yments and c     | redits. See instructions                                                 |                 |                                                     | 7       |                      | 0.           |
|                  |                  |                                                                          |                 |                                                     | 8       |                      | 0.           |
| LHA For Pr       | ivacy Act and    | Paperwork Reduction Act Notice,                                          | see separat     | e instructions.                                     |         | Form <b>7004</b> (Re | ev. 12-2018) |
|                  |                  |                                                                          |                 |                                                     |         |                      |              |
|                  |                  |                                                                          |                 |                                                     |         |                      |              |

219741 04-01-22

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Case 24-11395                                                                              | DOC T              | Filed 06/19/24                                                                                                                                                                                                                                                                                                                                                                                                                                   | Page 230 01                                                                                                                                                                                                                                                                                                                                                                          | 316                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| K-120 Page 1 of 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2022 <sup>COR</sup>                                                                        | PORATE             | INCOME TAX                                                                                                                                                                                                                                                                                                                                                                                                                                       | 037                                                                                                                                                                                                                                                                                                                                                                                  | 151022                                                                                        |
| For the taxable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | year beginning 0101                                                                        | 2022               | ending 12312                                                                                                                                                                                                                                                                                                                                                                                                                                     | 022                                                                                                                                                                                                                                                                                                                                                                                  | —                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                    | EII                                                                                                                                                                                                                                                                                                                                                                                                                                              | N this entity                                                                                                                                                                                                                                                                                                                                                                        | EIN Federal Consolidated Parent                                                               |
| QLESS, INC.<br>21 MILLER ALLEY,<br>PASADENA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SUITE 210<br>CA 911                                                                        | .05                | ***                                                                                                                                                                                                                                                                                                                                                                                                                                              | * * * * *                                                                                                                                                                                                                                                                                                                                                                            |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      | O Trans of Eastern Datum Filled                                                               |
| A. Method Used to Determine Income of Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | orporation in Kansas.                                                                      |                    | B. Business Activity C                                                                                                                                                                                                                                                                                                                                                                                                                           | lode.                                                                                                                                                                                                                                                                                                                                                                                | G. Type of Federal Return Filed:                                                              |
| 1. Activity wholly within Kans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | sas - Single entity                                                                        |                    | 513210                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      | X 1. Separate                                                                                 |
| 2. Activity wholly within Kans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | sas - Consolidated                                                                         |                    | C. Date Business Beg                                                                                                                                                                                                                                                                                                                                                                                                                             | an in KS:                                                                                                                                                                                                                                                                                                                                                                            | 2. Consolidated                                                                               |
| X 3. Single entity apportionmer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nt method (K-120AS)                                                                        |                    | 070220                                                                                                                                                                                                                                                                                                                                                                                                                                           | 09                                                                                                                                                                                                                                                                                                                                                                                   | H. Have you submitted Form K-120EL?                                                           |
| 4. Combined income method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d - Single corporation filing (Sch. k                                                      | <-121)             | D. Date Business Disc                                                                                                                                                                                                                                                                                                                                                                                                                            | continued in KS:                                                                                                                                                                                                                                                                                                                                                                     | I. Enter your original federal due date if other than the 15th day of the 4th month after the |
| 5. Combined income method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d - Multiple corporation filing (Sch                                                       | . K-121)           |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      | end of the tax year.                                                                          |
| 6. Qualified elective two-fact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | or (K-120AS) Year qualified:                                                               |                    | E. State and Month/D                                                                                                                                                                                                                                                                                                                                                                                                                             | ay/Year of Incorporation:                                                                                                                                                                                                                                                                                                                                                            | J. Name or address has changed?                                                               |
| 7. Common carrier mileage (I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Enclose mileage apportionment s                                                            | chedule)           | CA 070                                                                                                                                                                                                                                                                                                                                                                                                                                           | 22009                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |
| 8. Alternative or separate acc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | counting (Enclose letter of authori                                                        | zation and sch.)   | F. State of Commercia                                                                                                                                                                                                                                                                                                                                                                                                                            | al Domicile: KS                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                               |
| Filing an amended corporate incon<br>Note: This form cannot be u                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ne return. Reason for amended re<br>used for tax years prior to 2022.                      | turn:              | Amended affects Kansas o                                                                                                                                                                                                                                                                                                                                                                                                                         | nly Adjustmer                                                                                                                                                                                                                                                                                                                                                                        | t by IRS Amended Federal return                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | used for tax years prior to 2022.                                                          |                    | 12. Constribution                                                                                                                                                                                                                                                                                                                                                                                                                                | to capital exceptions                                                                                                                                                                                                                                                                                                                                                                | t by IRS Amended Federal return                                                               |
| Note: This form cannot be u                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | used for tax years prior to 2022.                                                          |                    | 0 13. Contribution<br>(I.R.C. § 118<br>14. Disallowed b                                                                                                                                                                                                                                                                                                                                                                                          | to capital exceptions<br>) (Sch. req.)<br>business meal expenses                                                                                                                                                                                                                                                                                                                     | at by IRS Amended Federal return                                                              |
| Note: This form cannot be u<br>1. Federal taxable income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | used for tax years prior to 2022.<br>— $498$                                               |                    | 0 13. Contribution<br>(I.R.C. § 118<br>14. Disallowed I<br>(I.R.C. § 274                                                                                                                                                                                                                                                                                                                                                                         | to capital exceptions<br>) (Sch. req.)<br>pusiness meal expenses<br>) (Sch. req.)<br>ctions from federal taxable                                                                                                                                                                                                                                                                     |                                                                                               |
| Note: This form cannot be u<br>1. Federal taxable income<br>2. Total state and municipal interest<br>3. Taxes on or measured by income or fees<br>or payments in lieu of income taxes (Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | used for tax years prior to 2022.<br>— $498$                                               |                    | 0 13. Contribution<br>(I.R.C. § 118<br>14. Disallowed b<br>(I.R.C. § 274<br>15. Other subtra<br>income (Sch<br>16. Total subtrac                                                                                                                                                                                                                                                                                                                 | to capital exceptions<br>) (Sch. req.)<br>business meal expenses<br>) (Sch. req.)<br>ctions from federal taxable<br>. req.)                                                                                                                                                                                                                                                          | 75.00                                                                                         |
| Note: This form cannot be u<br>1. Federal taxable income<br>2. Total state and municipal interest<br>3. Taxes on or measured by income or fees<br>or payments in lieu of income taxes (Par<br>IV, line 2)<br>4. Federal net operating loss deduction<br>5. 250 deduction related to Global Intangib<br>Low-Taxed Income (GILTI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | used for tax years prior to 2022.<br>— 498<br>s                                            |                    | 0 13. Contribution<br>(I.R.C. § 118<br>14. Disallowed t<br>(I.R.C. § 274<br>15. Other subtra<br>income (Sch<br>16. Total subtrac<br>income (Add<br>17. Net income                                                                                                                                                                                                                                                                                | to capital exceptions<br>) (Sch. req.)<br>business meal expenses<br>) (Sch. req.)<br>ctions from federal taxable<br>. req.)                                                                                                                                                                                                                                                          |                                                                                               |
| Note: This form cannot be a<br>1. Federal taxable income<br>2. Total state and municipal interest<br>3. Taxes on or measured by income or fees<br>or payments in lieu of income taxes (Par<br>IV, line 2)<br>4. Federal net operating loss deduction<br>5, 250 deduction related to Global Intangib                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | used for tax years prior to 2022.<br>— 498<br>s                                            |                    | <ul> <li>D</li> <li>13. Contribution<br/>(I.R.C. § 118</li> <li>14. Disallowed to<br/>(I.R.C. § 274</li> <li>15. Other subtration income (Sch</li> <li>16. Total subtration income (Add</li> <li>17. Net income line 1 to line</li> </ul>                                                                                                                                                                                                        | to capital exceptions<br>) (Sch. req.)<br>pusiness meal expenses<br>) (Sch. req.)<br>ctions from federal taxable<br>. req.)<br>tions from federal taxable<br>line 9-15)<br>before apportionment (Add                                                                                                                                                                                 | 75.00                                                                                         |
| <ol> <li>Note: This form cannot be to</li> <li>Federal taxable income</li> <li>Total state and municipal interest</li> <li>Taxes on or measured by income or fees<br/>or payments in lieu of income taxes (Part<br/>IV, line 2)</li> <li>Federal net operating loss deduction</li> <li>250 deduction related to Global Intangib<br/>Low-Taxed Income (GILTI)<br/>(I.R.C. § 250(a)(1)(B)) (Sch. req.)</li> <li>Business interest expense carryforward<br/>deduction (I.R.C. § 163(jj) (Sch. req.)</li> <li>Other additions to federal taxable<br/>income (Sch. req.)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | used for tax years prior to 2022.<br>- 498<br>t<br>lle                                     |                    | 0 13. Contribution<br>(I.R.C. § 118<br>14. Disallowed t<br>(I.R.C. § 274<br>15. Other subtra<br>income (Sch<br>16. Total subtrac<br>income (Add<br>17. Net income i<br>line 1 to line<br>18. Nonbusines:<br>(Sch. req.)<br>19. Apportionab                                                                                                                                                                                                       | to capital exceptions<br>) (Sch. req.)<br>business meal expenses<br>) (Sch. req.)<br>ctions from federal taxable<br>req.)<br>ctions from federal taxable<br>line 9-15)<br>before apportionment (Add<br>8 and subtract line 16)                                                                                                                                                       | 75.00                                                                                         |
| <ol> <li>Note: This form cannot be to</li> <li>Federal taxable income</li> <li>Total state and municipal interest</li> <li>Taxes on or measured by income or fees<br/>or payments in lieu of income taxes (Part<br/>IV, line 2)</li> <li>Federal net operating loss deduction</li> <li>250 deduction related to Global Intangib<br/>Low-Taxed Income (GILTI)<br/>(I.R.C. § 250(a)(1)(B)) (Sch. req.)</li> <li>Business interest expense carryforward<br/>deduction (I.R.C. § 163(jj) (Sch. req.)</li> <li>Other additions to federal taxable<br/>income (Sch. req.)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | used for tax years prior to 2022.<br>- 498<br>t<br>lle<br><b>TMT 1</b>                     | 39314.0            | 0       13. Contribution<br>(I.R.C. § 118         14. Disallowed I<br>(I.R.C. § 274         15. Other subtra<br>income (Sch         16. Total subtrac<br>income (Add         17. Net income<br>line 1 to line         18. Nonbusines:<br>(Sch. req.)         0       19. Apportionab<br>(Subtract line<br>B, C, & E: if                                                                                                                          | to capital exceptions<br>) (Sch. req.)<br>business meal expenses<br>) (Sch. req.)<br>ctions from federal taxable<br>req.)<br>ctions from federal taxable<br>line 9-15)<br>before apportionment (Add<br>8 and subtract line 16)<br>s income - Total company<br>le business income<br>e 18 from line 17)<br>cent to Kansas (Part VI, lines A<br>100% enter 100.0000)                   | 75.00<br>75.00<br>-4965573.00<br>-4965573.00<br>.8939                                         |
| <ol> <li>Note: This form cannot be to a second second</li></ol> | used for tax years prior to 2022.<br>- 498<br>t<br>lle<br>TMT 1<br>2                       | 39314.0<br>23816.0 | 0 13. Contribution<br>(I.R.C. § 118<br>14. Disallowed I<br>(I.R.C. § 274<br>15. Other subtra<br>income (Sch<br>16. Total subtrac<br>income (Add<br>17. Net income i<br>line 1 to line<br>18. Nonbusines:<br>(Sch. req.)<br>0 19. Apportionab<br>(Subtract lin<br>20. Average per                                                                                                                                                                 | to capital exceptions<br>) (Sch. req.)<br>business meal expenses<br>) (Sch. req.)<br>ctions from federal taxable<br>req.)<br>ctions from federal taxable<br>line 9-15)<br>before apportionment (Add<br>8 and subtract line 16)<br>s income - Total company<br>le business income<br>e 18 from line 17)<br>cent to Kansas (Part VI, lines A<br>100% enter 100.0000)                   | 75.00<br>75.00<br>-4965573.00<br>-4965573.00                                                  |
| <ol> <li>Note: This form cannot be to a series of the series of the</li></ol> | used for tax years prior to 2022.<br>- 498<br>t<br>lle<br><b>TMT 1</b><br>2<br>3<br>2<br>3 | 39314.0<br>23816.0 | <ul> <li>D</li> <li>13. Contribution<br/>(I.R.C. § 118</li> <li>14. Disallowed f<br/>(I.R.C. § 274</li> <li>15. Other subtra<br/>income (Sch</li> <li>16. Total subtrac<br/>income (Add</li> <li>17. Net income (<br/>line 1 to line</li> <li>18. Nonbusines:<br/>(Sch. req.)</li> <li>D</li> <li>19. Apportionab<br/>(Subtract lin<br/>B</li> </ul>                                                                                             | to capital exceptions<br>) (Sch. req.)<br>pusiness meal expenses<br>) (Sch. req.)<br>ctions from federal taxable<br>ine 9-15)<br>before apportionment (Add<br>8 and subtract line 16)<br>s income - Total company<br>le business income<br>e 18 from line 17)<br>cent to Kansas (Part VI, lines A<br>100% enter 100.0000)<br>• 0 0 0 0 C. 2                                          | 75.00<br>75.00<br>-4965573.00<br>-4965573.00<br>.8939                                         |
| <ol> <li>Note: This form cannot be to a series of payments in lieu of income or fees or payments in lieu of income taxes (Part IV, line 2)</li> <li>Federal net operating loss deduction</li> <li>250 deduction related to Global Intangib Low-Taxed Income (GILTI) (I.R.C. § 250(a)(1)(B)) (Sch. req.)</li> <li>Business interest expense carryforward deduction (I.R.C. § 163(j)) (Sch. req.)</li> <li>Other additions to federal taxable income (Sch. req.)</li> <li>Total additions to federal taxable income (Add lines 2 - 7)</li> <li>Interest on U. S. government obligations (Part V, line 2)</li> <li>I.R.C. § 78 and 80% of foreign dividend</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | used for tax years prior to 2022.<br>- 498<br>t<br>lle<br><b>TMT 1</b><br>2<br>3<br>2<br>3 | 39314.0<br>23816.0 | <ul> <li>D</li> <li>13. Contribution<br/>(I.R.C. § 118</li> <li>14. Disallowed I<br/>(I.R.C. § 274</li> <li>15. Other subtra<br/>income (Sch</li> <li>16. Total subtrac<br/>income (Add</li> <li>17. Net income i<br/>line 1 to line</li> <li>18. Nonbusines:<br/>(Sch. req.)</li> <li>D</li> <li>19. Apportionab<br/>(Subtract line</li> <li>20. Average per<br/>B, C, &amp; E: if<br/>A<br/>B</li> <li>21. Amount to K<br/>line 20)</li> </ul> | to capital exceptions<br>) (Sch. req.)<br>pusiness meal expenses<br>) (Sch. req.)<br>ctions from federal taxable<br>req.)<br>tions from federal taxable<br>line 9-15)<br>before apportionment (Add<br>8 and subtract line 16)<br>is income - Total company<br>le business income<br>e 18 from line 17)<br>cent to Kansas (Part VI, lines A<br>100% enter 100.0000)<br>• 0 0 0 0 C. 2 | 75.00<br>75.00<br>-4965573.00<br>-4965573.00<br>.8939<br>.6816                                |

| K-120 Page 2 of 6 20                                                                                                                                                               | <b>122</b> CORPORATE IN | ICOME TAX                                                                                                                                            | 037                                     | 151122 | L    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------|------|
| QLESS, INC.                                                                                                                                                                        |                         | 271155                                                                                                                                               | 885                                     |        |      |
| 24. Kansas Expensing Deduction (Sch. req.)                                                                                                                                         |                         | 37. Total of all other refur<br>(Part I, line 43)                                                                                                    | ndable credits                          |        |      |
| 25. Kansas net income before NOL<br>deduction (Add lines 21 - 23, then<br>subtract line 24)                                                                                        | -44387.00               | 38. Payments remitted w<br>(See instructions)                                                                                                        | ith original return                     |        |      |
| <ul> <li>26. Kansas net operating loss deduction (Sch. req.) STMT 2</li> <li>27. Combined report (Schedule K-121) or alternative/separate accounting income (Sch. req.)</li> </ul> |                         | <ul> <li>39. Overpayment from or<br/>(This figure is a subtrainstructions)</li> <li>40. Total prepaid credits (<br/>and subtract line 39)</li> </ul> | action; see                             |        |      |
| <ol> <li>Kansas taxable income (Subtract line<br/>26 from line 25 or enter line 27, as<br/>applicable)</li> </ol>                                                                  |                         | 41. Balance due                                                                                                                                      |                                         |        | 0.00 |
| 29. Normal tax (4% of line 28)                                                                                                                                                     |                         | 42. Interest                                                                                                                                         |                                         |        |      |
| 30. Surtax (3% of line 28 in excess of<br>\$50,000)                                                                                                                                |                         | 43. Penalty                                                                                                                                          |                                         |        |      |
| <ol> <li>Total tax (Add lines 29 and 30. If filing<br/>combined, use line 30 of K-121.)</li> </ol>                                                                                 | 0.00                    | 44. Estimated tax penalty                                                                                                                            | 1                                       |        |      |
| 32. Total nonrefundable credits (Part I, line<br>36; cannot exceed amount on line 31)                                                                                              |                         | If annualizing to compute                                                                                                                            | penalty, check this field               | I      |      |
| <ol> <li>Balance (Subtract line 32 from line 31;<br/>cannot be less than zero)</li> </ol>                                                                                          |                         | 45. Total tax, interest & po<br>lines 41 - 44) Complet<br>enclose it with your pa                                                                    | te Form K-120V &                        |        | 0.00 |
| <ol> <li>Estimated tax paid and amount credited<br/>forward (Part II, line 4)</li> </ol>                                                                                           |                         | 46. Overpayment                                                                                                                                      |                                         |        | 0.00 |
| 35. Other tax payments (enclose separate schedule)                                                                                                                                 |                         | 47. Refund. Enter the am<br>you wish to be refund                                                                                                    | led                                     |        |      |
| 36. Amount paid with Kansas extension                                                                                                                                              |                         | <ol> <li>Credit Forward, Enter<br/>line 46 (original return<br/>to apply to 2023 estin<br/>cannot exceed the to</li> </ol>                           | n only) you wish<br>mated tax. (Line 48 |        |      |
| X I authorize the Director of Taxation or t<br>I declare under the penalties of perjury                                                                                            |                         |                                                                                                                                                      |                                         |        |      |

| Signature<br>(Required)             |       |       | Title SENIOR             | R DIRECTOR        | Date |                                          |           |
|-------------------------------------|-------|-------|--------------------------|-------------------|------|------------------------------------------|-----------|
| Preparer<br>Signature<br>(Required) | DARIN | JAMES | Preparer<br>Phone Number | <u>310-843-97</u> | 00   | Preparer PTIN, EIN, or SSN<br>(Required) | P00361390 |
| _                                   |       |       |                          | 4                 |      |                                          | _         |

252302 10-11-22

Officer

PO BOX 750260 TOPEKA KS 66699-0260

For Office Use Only



PART I - NONREFUNDABLE CREDITS

| 1.  | Aviation/Aerospace Credit (Enclose Schedule (Enclose Schedule K-26; See instructions)                       |
|-----|-------------------------------------------------------------------------------------------------------------|
| 2.  | Housing Investor Credit (Enclose Schedule K-27; See instructions)                                           |
| 3.  | Short Line Railroad Tax Credit (Enclose Schedule K-29; See instructions)                                    |
| 4.  | Center for Entrepreneurship Credit (Enclose Schedule K-31; See instructions)                                |
| 5.  | Agritourism Liability Insurance Credit (Enclose Schedule K-33; See instructions)                            |
| 6.  | Business and Job Development Credit for carry forward use only (Enclose Schedule K-34; See instructions)    |
| 7.  | Historic Preservation Credit (Enclose Schedule K-35; See instructions)                                      |
| 8.  | Disabled Access Credit (Enclose Schedule K-37; See instructions)                                            |
| 9.  | Swine Facility Improvement Credit (Enclose Schedule K-38; See instructions)                                 |
| 10. | Oil and Gas Well Plugging Credit (Enclose Schedule K-39; See instructions)                                  |
| 11. | Assistive Technology Contribution Credit (Enclose Schedule K-42; See instructions)                          |
|     | Eisenhower Foundation Contribution Credit (Enclose Schedule K-43; See instructions)                         |
|     | Purchases from Qualified Vendor Credit (Enclose Schedule K-44; See instructions)                            |
|     | Friends of Cedar Crest Association Contribution Credit (Enclose Schedule K-46; See instructions)            |
| 15. | Technology Enabled Fiduciary Financial Institutions Credit (Enclose Schedule K-48; See instructions)        |
| 16. | Research and Development Credit (Enclose Schedule K-53; See instructions)                                   |
|     | Venture Capital Credit for carryforward use only (Enclose Schedule K-55; See instructions)                  |
| 18. | Seed Capital Credit for carryforward use only (Enclose Schedule K-55; See instructions)                     |
| 19. | High Performance Incentive Program Credit (Enclose Schedule K-59; See instructions)                         |
| 20. | Community Service Contribution Credit (Enclose Schedule K-60; See instructions)                             |
| 21. | Alternative-Fuel Tax Credit (Enclose Schedule K-62; See instructions)                                       |
|     | Targeted Employment Credit(Enclose Schedule (Enclose Schedule K-69; See instructions)                       |
| 23. | Low Income Student Scholarship Credit (Enclose Schedule K-70; See instructions)                             |
|     | Law Enforcement Training Center Credit for carry forward use only (Enclose Schedule K-72; See instructions) |
| 25. | Petroleum Refinery Credit for carry forward use only (Enclose Schedule K-73; See instructions)              |
| 26. | National Guard and Reserve Employer Credit (Enclose Schedule K-74; See instructions)                        |
| 27. | Single City Port Authority Credit (Enclose Schedule K-76; See instructions)                                 |
| 28. | Qualifying Pipeline Credit for carry forward use only (Enclose Schedule K-77; See instructions)             |
| 29. | BioMass-to-Energy Credit for carry forward use only (Enclose Schedule K-79; See instructions)               |
|     | Environmental Compliance Credit (Enclose Schedule K-81; See instructions)                                   |
| 31. | Storage and Blending Equipment Credit for carry forward use only (Enclose Schedule K-82; See instructions)  |
| 32. | Electric Cogeneration Facility Credit for carry forward use only (Enclose Schedule K-83; See instructions)  |
|     | Community College and Technical College Contribution Credit (Enclose Schedule K-84; See instructions)       |
|     | Commercial Restoration and Preservation Credit (Enclose Schedule K-92; See instructions)                    |
|     | Farm Net Operating Loss (Enclose Schedule K-139F; See instructions)                                         |
| 36. | Total nonrefundable credits (Add lines 1 - 35. Enter total here and on line 32, page 2)                     |

# **REFUNDABLE CREDITS**

| 37. | Telecommunications Credit (Enclose Schedule K-36; See instructions)                   |
|-----|---------------------------------------------------------------------------------------|
| 38. | Child Day Care Assistance Credit (Enclose Schedule K-56; See instructions)            |
| 39. | Small Employer Healthcare Credit (Enclose Schedule K-57; See instructions)            |
| 40. | Community Service Contribution Credit (Enclose Schedule K-60; See instructions)       |
| 41. | Individual Development Account Credit (Enclose Schedule K-68; See instructions)       |
| 42. | Farm Net Operating Loss (Enclose Schedule K-139F; See instructions)                   |
| 43. | Total refundable credits (Add lines 37 - 42. Enter total here and on line 37, page 2) |



# **ADDITIONAL INFORMATION**

 Did the corporation file a Kansas Income Tax return under the same name for the preceding year? X Yes No If "no", enter previous name and EIN.

- 2. Enter the address of the corporation's principal location in Kansas.
- 3. The corporation's books are in care of: Name: <u>NICK THOMAS</u> Address: <u>21 MILLER ALLEY, SUITE 210</u> <u>PASADENA</u> CA 91105 Telephone: 415-309-2787

4. List each estimated tax payment and credit forward amount claimed on this return.

| Duio | Annount                      | Duio               | Amount |
|------|------------------------------|--------------------|--------|
|      |                              |                    |        |
|      |                              |                    |        |
|      |                              |                    |        |
|      | tion been involved in any re | organization durin | a the  |

 Has your corporation been involved in any reorganization during the period covered by this return? <u>X</u> No <u>Yes</u> If "yes", enclose a detailed explanation.

# PART III AFFILIATED CORPORATIONS DOING BUSINESS IN KANSAS

(Enclose a separate sheet for additional corporations)

|    | under which the corporation was inquidated.                                                                                                                                                                                                                                                                                                                                                                                                          |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. | If your federal taxable income has been redetermined for any prior<br>year(s) that have not previously been reported to Kansas, check<br>the applicable box(es) below and state the calendar, fiscal, or short<br>period year ending date. You are required to submit, under<br>separate cover, the federal Forms 1139, 1120X, or Revenue<br>Agent's Report along with the Kansas amended return<br>(Form K-120 or K-120X, whichever is applicable). |
|    | Amended Return                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | Years ended:                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 8. | If you are registered with the Kansas Department of Revenue under                                                                                                                                                                                                                                                                                                                                                                                    |
|    | any other Kansas tax act, enter all registration or license numbers                                                                                                                                                                                                                                                                                                                                                                                  |
|    | on the applicable line:                                                                                                                                                                                                                                                                                                                                                                                                                              |
|    | a. Sales Tax:                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|    | b. Compensating                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | Use Tax:                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    | c. Withholding Tax: 036-271155885-F                                                                                                                                                                                                                                                                                                                                                                                                                  |

6. If this is a final return for Kansas, please state the reason. If the

corporation was liquidated or dissolved, state the IRC section

151322

037

under which the corporation was liquidated

d. Other (specify): \_\_\_\_\_

| Name of Corporation | Employer ID Number |
|---------------------|--------------------|
|                     |                    |
|                     |                    |
|                     |                    |
|                     |                    |

# PART IV SCHEDULE OF TAXES

(Include those taxes deducted on line 17 of the federal return. See instructions.)

1. Taxes on or measured by income or fees or payments in lieu of income taxes. (Include federal environmental tax: itemize)

|                                      | · · · · · ·              |
|--------------------------------------|--------------------------|
|                                      |                          |
| 2. Total (Enter on line 3, page 1)   |                          |
| <ol> <li>Total other taxes</li></ol> | 370,207.00<br>370,207.00 |

# PART V SCHEDULE OF INTEREST INCOME

(Include the interest from line 5 of the federal return)

1. U.S. interest income (Describe type):

| · · · · · · · · · · · · · · · · · · ·                              |           |
|--------------------------------------------------------------------|-----------|
|                                                                    |           |
|                                                                    |           |
|                                                                    |           |
| 2. Total (Enter on line 9, page 1)                                 |           |
| 3. Total other interest income                                     | 21,623.00 |
| 4. Total interest income (Must equal line 5 of the federal return) | 21,623.00 |

Case 24-11395 Doc 1 Filed 06/19/24 Page 234 of 316 27-1155885 QLESS, INC.

**K-120AS** Page 5 of 6

KANSAS Corporation Apportionment Schedule FOR USE BY CORPORATIONS APPORTIONING INCOME (Corporations using the combined income method must use Schedule K-121)

01012022 , ending 12312022 For the taxable year beginning

Name as shown on Form K-120

Employer Identification Number (EIN)

037

QLESS, INC. 27-1155885

151421

| A. Property       WITHIN KANSAS       TOTAL COMPANY         (1) Value of owned real and tangible personal<br>property used in business at original cost<br>inventory       Beginning       End       Beginning       End         Depreciable assets       0 · 0 · 0 · 156,369 · 267,371.       Land       Depreciable assets (Enclose sch)       Description in progress         Total property used property (Beg + End - 2)       0 · 0 · 156,369 · 267,371.       Description in progress       Description in progress         Total property to be averaged       0 · 0 · 0 · 156,369 · 267,371.       Description in progress       Description in progress         Total property be averaged       0 · 0 · 0 · 156,369 · 267,371.       Description in progress       Description in progress         Total property be averaged       0 · 0 · 0 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,417,600 · 11,629,470 · 11         B. Payroll (those corporations qualified and utilizing the elective two-factor formula must complete this area<br>ond whing the first year of qualifying. After to tot year. To business must re-qualify) · 11 Compensation of offices       O · 0 · 5,161,865 · 0 · 11,629,470 · 11         (2) Wages, salaries and commissions       0 · 0 · 5,161,865 · 0 · 5,161,865 · 0 · 5,161,865 · 0 · 5,161,865 · 0 · 5,161,865 · 0 · 5,161,865 · 0 · 5,161,865 · 0 · 5,161,865 · 0 · 5,161,865 · 0 · 5,161,865 · 0 · 5,161,865 · 0 · 5,161,865 · 0 · 5,161, | PART VI                                          | A                          | PPORTIONMENT                               | <b>FORMULA</b> |               |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------|--------------------------------------------|----------------|---------------|--------------|
| property used in business at original cost:       of Year       of Year       of Year       of Year         Depreciable assets       0.000       156,369.267,371.         Land       0.000       156,369.267,371.         Other tangible assets (Enclose sch)       0.000       156,369.267,371.         Land       0.000       156,369.267,371.         Other tangible assets (Enclose sch)       0.000       11,417,600.         Less: Construction in progress       0.0000       1,417,600.         Total property to be averaged       0.00000       1,417,600.         Ave owned propert (Berger 1000000000000000000000000000000000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A. Property                                      | WITHIN K                   | ANSAS                                      | TOTAL (        | COMPANY       | PERCENT      |
| Inventory       Depreciable assets       0.       0.       156,369.       267,371.         Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (1) Value of owned real and tangible personal    | Beginning                  | End                                        | Beginning      | End           | WITHIN       |
| Depreciable assets       0.       0.       156,369.       267,371.         Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | property used in business at original cost:      | of Year                    | of Year                                    | of Year        | of Year       | KANSAS       |
| Depreciable assets       0.       0.       156,369.       267,371.         Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Inventory                                        |                            |                                            |                |               |              |
| Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Depreciable assets                               | 0.                         | 0.                                         | 156,369.       | 267,371.      |              |
| Other tangible assets (Enclose sch)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                            |                                            |                |               |              |
| Total property to be averaged       156,369.       267,371.         Ave owned property (Beg. + End + 2)       0.       211,870.         (2) Net annual rented property, Mult by 8       0.       1,417,600.         TOTAL PROPERTY page 1)       0.       1,629,470.         B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying. After the 10th year, the business must re-quality.)       WITHIN KANSAS       TOTAL COMPANY         (1) Compensation of officers       (2) Wages, salaries and commissions       (3) Payroll expense included in cost of goods sold       (4) Payroll expense included in cost of goods sold       (4) Payroll expense included in cost of goods sold       (4) Payroll expense included in cost of goods sold       (5) Other wages and salaries       0.       5, 161,865.         TOTAL PAYROLL (Enter on line 208, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)       0.       5, 161,865.         C. Sales (Gross receipts, less returns and allowances)       0.       (1) Sales delivered or shipped to purchasers in Kansas:       0.         (a) The United States Government       (b) Purchasers in a state where the taxpayer would not be taxable (e.g., under facteral (b) Purchasers in a state where the taxpayer would not be taxable (e.g., under facteral (b) Purchasers in a state where the taxpayer would not be taxable (e.g., under facteral (b) Purchasers in a state where the taxpayer would not be taxable (e.g., und                            |                                                  |                            |                                            |                |               |              |
| Ave owned property (Beg. + End + 2)       0.       211,870.         (2) Net annual rented property. Mult by 8<br>TOTAL PROPERTY page 1       0.       1,417,600.         B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area<br>only during the first year of qualifying. After the 10th year, the business must re-qualify.)       WITHIN KANSAS       TOTAL COMPANY         (1) Compensation of officers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Less: Construction in progress                   |                            |                                            |                |               |              |
| (2) Net annual rented property. Mult by 8<br>TOTAL PROPERTY Page 1)       0.<br>0.       1,417,600.<br>1,629,470.         B. Payroll (These corporations qualified and utilizing the elective two-factor formula must complete this area<br>only during the first year of qualifying. After the 10th year, the business must re-qualify.)       WITHIN KANSAS       TOTAL COMPANY         (1) Compensation of officers       (2) Wages, salaries and commissions       0.       0.       0.         (2) Wages, salaries and commissions       0.       0.       5,161,865.         (3) Payroll expense included in cost of goods sold       0.       5,161,865.         (5) Other wages and salaries       0.       5,161,865.         TOTAL PAYROLL (Enter on line 20B, page 1) (If qualified and utilizing the elective<br>two-factor formula, do not carry this percentage to page 1)       0.       5,161,865.         C. Sales (Gross receipts, less returns and allowances)       0.       0.       6.         (1) Sales delivered or shipped to purchasers in Kansas:       0.       0.       6.         (2) Sales shipped from Within Kansas       0.       6.       21,623.         (3) Dividends       11/402/402/402/402/402/402/402/402/402/402                                                                                                                                                                                                                                                                                                                                                                                                                        | Total property to be averaged                    |                            |                                            | 156,369.       |               |              |
| TOTAL PROPERTY Page 1       0.       1,629,470.         B. Payroll (Those corporations qualifying. After the 10th year, the business must complete this area only during the first year of qualifying. After the 10th year, the business must re-qualify.)       WITHIN KANSAS       TOTAL COMPANY         (1) Compensation of officers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ave owned property (Beg. + End ÷ 2)              |                            |                                            |                |               |              |
| B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying. After the 10th year, the business must re-qualify.)       WITHIN KANSAS       TOTAL COMPANY         (1) Compensation of officers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (2) Net annual rented property. Mult by 8        |                            |                                            |                |               |              |
| B. Payroll (Those corporations qualified and utilizing the elective two-factor formula must complete this area only during the first year of qualifying. After the 10th year, the business must re-qualify.)       WITHIN KANSAS       TOTAL COMPANY         (1) Compensation of officers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Enter on line 20A,<br>TOTAL PROPERTY page 1)    |                            | 0.                                         |                | 1,629,470.    | A .0000%     |
| only during the first year of qualifying. After the 10th year, the business must re-qualify.)       WITHIN KANSAS       TOTAL COMPANY         (1) Compensation of officers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |                            |                                            |                |               |              |
| (2) Wages, salaries and commissions         (3) Payroll expense included in cost of goods sold         (4) Payroll expense included in repairs         (5) Other wages and salaries         TOTAL PAYROLL (Enter on line 20B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)         C. Sales (Gross receipts, less returns and allowances)         (1) Sales delivered or shipped to purchasers in Kansas:         (a) Shipped from outside Kansas         (b) Shipped from Kansas to:         (a) The United States Government         (b) Purchasers in a state where the taxpayer would not be taxable         Public Law 86-272)         (3) Dividends         Interest         Rents         Royalties         Gains/losses from intangible asset sales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                            |                                            | WITHIN KANSAS  | TOTAL COMPANY |              |
| (2) Wages, salaries and commissions         (3) Payroll expense included in cost of goods sold         (4) Payroll expense included in repairs         (5) Other wages and salaries         TOTAL PAYROLL (Enter on line 20B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)         C. Sales (Gross receipts, less returns and allowances)         (1) Sales delivered or shipped to purchasers in Kansas:         (a) Shipped from outside Kansas         (b) Shipped from Kansas to:         (a) The United States Government         (b) Purchasers in a state where the taxpayer would not be taxable         Public Law 86-272)         (3) Dividends         Interest         Rents         Royalties         Gains/losses from intangible asset sales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (1) Compensation of officers                     |                            |                                            |                |               |              |
| (3) Payroll expense included in cost of goods sold         (4) Payroll expense included in repairs         (5) Other wages and salaries         TOTAL PAYROLL (Enter on line 20B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)         C. Sales (Gross receipts, less returns and allowances)         (1) Sales delivered or shipped to purchasers in Kansas:         (a) Shipped from outside Kansas         (b) Shipped from within Kansas         (2) Sales shipped from Kansas to:         (a) The United States Government         (b) Purchasers in a state where the taxpayer would not be taxable         (c) Sublidends         Interest         Royalties         Gains/losses from intangible asset sales         Gross proceeds from tangible asset sales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                            | ſ                                          |                |               |              |
| (4) Payroll expense included in repairs       0. 5,161,865.         (5) Other wages and salaries       0. 5,161,865.         TOTAL PAYROLL (Enter on line 20B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)       0. 5,161,865.         C. Sales (Gross receipts, less returns and allowances)       0.         (1) Sales delivered or shipped to purchasers in Kansas:       0.         (a) Shipped from outside Kansas       0.         (b) Shipped from Kansas to:       0.         (a) The United States Government       0.         (b) Purchasers in a state where the taxpayer would not be taxable       Public Law 86-272)         (3) Dividends       21,623.         Rents       Gains/losses from intangible asset sales         Gross proceeds from tangible asset sales       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                            |                                            |                |               |              |
| (5) Other wages and salaries       0. 5, 161, 865.         TOTAL PAYROLL (Enter on line 20B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)       0. 5, 161, 865.         C. Sales (Gross receipts, less returns and allowances)       0. 5, 161, 865.         (1) Sales delivered or shipped to purchasers in Kansas:       0. 5, 161, 865.         (a) Shipped from outside Kansas       0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                            |                                            |                |               |              |
| TOTAL PAYROLL (Enter on line 20B, page 1) (If qualified and utilizing the elective two-factor formula, do not carry this percentage to page 1)       0. 5, 161, 865.         C. Sales (Gross receipts, less returns and allowances)       0.         (1) Sales delivered or shipped to purchasers in Kansas:       0.         (a) Shipped from outside Kansas       0.         (b) Shipped from Within Kansas       0.         (2) Sales shipped from Kansas to:       0.         (a) The United States Government       0.         (b) Purchasers in a state where the taxpayer would not be taxable       (e.g. under federal Public Law 86-272)         (3) Dividends       21,623.         Rents       21,623.         Royalties       Gains/losses from intangible asset sales         Gross proceeds from tangible asset sales       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                            |                                            | 0.             | 5,161,865.    |              |
| two-factor formula, do not carry this percentage to page 1)       0. 5, 161, 865.         C. Sales (Gross receipts, less returns and allowances)       0.         (1) Sales delivered or shipped to purchasers in Kansas:       0.         (a) Shipped from outside Kansas       0.         (b) Shipped from within Kansas       0.         (2) Sales shipped from Kansas to:       0.         (a) The United States Government       (e.g. under federal         (b) Purchasers in a state where the taxpayer would not be taxable       21,623.         Rents       21,623.         Royalties       Gains/losses from intangible asset sales         Gross proceeds from tangible asset sales       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                            |                                            |                |               |              |
| C. Sales (Gross receipts, less returns and allowances)       0.         (1) Sales delivered or shipped to purchasers in Kansas:       0.         (a) Shipped from outside Kansas       0.         (b) Shipped from within Kansas       0.         (2) Sales shipped from Kansas to:       0.         (a) The United States Government       0.         (b) Purchasers in a state where the taxpayer would not be taxable       Public Law 86-272)         (3) Dividends       21,623.         Rents       21,623.         Gains/losses from intangible asset sales       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  | , , , ,                    | -                                          | 0.             | 5,161,865.    | в .0000%     |
| (1) Sales delivered or shipped to purchasers in Kansas:       0.         (a) Shipped from outside Kansas       0.         (b) Shipped from within Kansas       0.         (2) Sales shipped from Kansas to:       0.         (a) The United States Government       (e.g., under federal         (b) Purchasers in a state where the taxpayer would not be taxable       Public Law 86-272)         (3) Dividends       21,623.         Rents       21,623.         Royalties       0.         Gains/losses from intangible asset sales       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                            |                                            |                |               |              |
| (1) Sales delivered or shipped to purchasers in Kansas:       0.         (a) Shipped from outside Kansas       0.         (b) Shipped from within Kansas       0.         (2) Sales shipped from Kansas to:       0.         (a) The United States Government       (e.g., under federal         (b) Purchasers in a state where the taxpayer would not be taxable       Public Law 86-272)         (3) Dividends       21,623.         Rents       21,623.         Rents       0.         Gains/losses from intangible asset sales       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C. Sales (Gross receipts, less returns and allow | ances)                     |                                            |                |               |              |
| (b) Shipped from within Kansas         (c) Sales shipped from Kansas to:         (a) The United States Government         (b) Purchasers in a state where the taxpayer would not be taxable         (b) Purchasers in a state where the taxpayer would not be taxable         (b) Purchasers in a state where the taxpayer would not be taxable         (c) Purchasers in a state where the taxpayer would not be taxable         (c) Purchasers in a state where the taxpayer would not be taxable         (c) Purchasers in a state where the taxpayer would not be taxable         (c) Purchasers in a state where the taxpayer would not be taxable         (c) Purchasers in a state where the taxpayer would not be taxable         (c) Purchasers in a state where the taxpayer would not be taxable         (c) Purchasers in a state where the taxpayer would not be taxable         (d) Dividends         Interest         Rents         Royalties         Gains/losses from intangible asset sales         Gross proceeds from tangible asset sales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                            |                                            |                |               |              |
| (b) Shipped from within Kansas         (2) Sales shipped from Kansas to:         (a) The United States Government         (b) Purchasers in a state where the taxpayer would not be taxable         (b) Purchasers in a state where the taxpayer would not be taxable         (b) Purchasers in a state where the taxpayer would not be taxable         (c) Dividends         Interest         Rents         Royalties         Gains/losses from intangible asset sales         Gross proceeds from tangible asset sales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (a) Shipped from outside Kansas                  |                            |                                            | Ο.             |               |              |
| (2) Sales shipped from Kansas to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (b) Shipped from within Kansas                   |                            |                                            |                |               |              |
| (a) The United States Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                            |                                            |                |               |              |
| (3) Dividends       21,623.         Interest       21,623.         Rents       21,623.         Royalties       21,623.         Gains/losses from intangible asset sales       21,623.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (a) The United States Government                 |                            |                                            |                |               |              |
| (3) Dividends     21,623.       Interest     21,623.       Rents     21       Royalties     21       Gains/losses from intangible asset sales     21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (b) Purchasers in a state where the taxpa        | yer would not be taxable   | (e.g., under federal<br>Public Law 86-272) |                |               |              |
| Interest     21,623.       Rents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                            | ſ                                          |                |               |              |
| Rents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                            |                                            |                | 21,623.       |              |
| Royalties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                            |                                            |                |               |              |
| Gains/losses from intangible asset sales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                            |                                            |                |               |              |
| Gross proceeds from tangible asset sales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                            |                                            |                |               |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |                            |                                            |                |               |              |
| Other income (Enclose schedule)         228,022.         8,481,600.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                            |                                            | 228,022.       | 8,481,600.    | STMT 3       |
| TOTAL SALES (Enter on line 20C, page 1) 228,022. 8,503,223.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                            |                                            | 228,022.       | 8,503,223.    |              |
| Total percent (Sum of lines A, B & C if utilizing three-factor formula)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | rotal percent (Sum of lines A, B & C If uti      | izing three-factor formula | Ŋ                                          |                |               | D(1) 2.6816% |

D(2). Total percent (Sum of lines A & C if qualified and utilizing two-factor formula) D(2) .8939% Average percent of either D(1) or D(2), whichever is applicable (Enter on line 20, page 1) E. Е

252521 10-11-22

| QLESS,           | INC.                                                                  | Case 2                                                          | 4-11395             | Doc 1                                         | Filed | 06/19/24                             | Page            | 235 of 316              | 6 27-11558                                                  | 85               |
|------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|---------------------|-----------------------------------------------|-------|--------------------------------------|-----------------|-------------------------|-------------------------------------------------------------|------------------|
| K-12             | OAS I                                                                 | PART VII                                                        | Page 6 of 6         | ADDITIC                                       | ONAL  | INFORMA                              | TION            | 037                     | 151521                                                      |                  |
| 1. Does the Kans | as sales figure in Pa                                                 | art VI include (1) all s                                        | ales delivered from | Kansas where                                  |       | <ol> <li>Has any state of</li> </ol> | determined that | at this corporation cor | nducts or has conducted a                                   | unitary business |
|                  |                                                                       | and (2) all sales deliv                                         |                     |                                               |       |                                      |                 |                         | If yes, specify which sta<br>cting the unitary business.    |                  |
| -                |                                                                       |                                                                 |                     | 、<br>                                         |       | -                                    |                 | location(s) of your Kar | nsas business activities.<br>BEMENT                         |                  |
| N/A              |                                                                       |                                                                 |                     |                                               |       |                                      |                 |                         |                                                             |                  |
|                  |                                                                       |                                                                 |                     |                                               |       | returns or reports                   | to other state  | s under the Uniform D   | AS, Part VI) the same as th<br>Division of Income for Tax F | Purposes Act?    |
|                  | t part of your net in<br>st of all states in wi<br>income or franchis | come is assignable t<br>nich this corporation<br>e tax returns. | -                   | utside Kansas:<br>and filing state<br>ATEMENT | 4     |                                      |                 |                         |                                                             |                  |

### PART VIII **AFFILIATED CORPORATIONS INCLUDED IN FORM K-120AS CORPORATION APPORTIONMENT SCHEDULE**

|                     |                                   | Che                         | eck if included          |
|---------------------|-----------------------------------|-----------------------------|--------------------------|
| Name of Corporation | Employer Identification<br>Number | In Total Company<br>Factors | Within Kansas<br>Factors |
|                     |                                   |                             |                          |
|                     |                                   |                             |                          |
|                     |                                   |                             |                          |
|                     |                                   |                             |                          |
|                     |                                   |                             |                          |
|                     |                                   |                             |                          |
|                     |                                   |                             |                          |
|                     |                                   |                             |                          |
|                     |                                   |                             |                          |
|                     |                                   |                             |                          |

# **PART IX - KANSAS PASS-THROUGH SCHEDULE**

The distributions from the entities listed below have been passed-through and are included in your entity.

| Pass-through Entity Name | EIN of<br>Pass-through Entity | Your Entity to which income of<br>Pass-through is included | EIN to which income of Pass-<br>through Entity is included | Principal Product of Services of<br>Pass-through Entity | Kansas<br>Operations<br>(Y / N) |
|--------------------------|-------------------------------|------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------|---------------------------------|
|                          |                               |                                                            |                                                            |                                                         |                                 |
|                          |                               |                                                            |                                                            |                                                         |                                 |
|                          |                               |                                                            |                                                            |                                                         |                                 |
|                          |                               |                                                            |                                                            |                                                         |                                 |
|                          |                               |                                                            |                                                            |                                                         |                                 |
|                          |                               |                                                            |                                                            |                                                         |                                 |
|                          |                               |                                                            |                                                            |                                                         |                                 |
|                          |                               |                                                            |                                                            |                                                         |                                 |

# PART X - KANSAS DISREGARDED ENTITY SCHEDULE

18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.

The disregarded entities listed below are included in this return.

| Disregarded Entity Name | EIN of<br>Disregarded Entity | Your Entity to which income of<br>Disregarded Entity is included | EIN to which income of<br>Disregarded Entity is<br>included | Principal Product of Services of<br>Disregarded Entity | Kansas<br>Operation<br>(Y / N) |
|-------------------------|------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------|--------------------------------|
|                         |                              |                                                                  |                                                             |                                                        |                                |
|                         |                              |                                                                  |                                                             |                                                        |                                |
|                         |                              |                                                                  |                                                             |                                                        |                                |
|                         |                              |                                                                  |                                                             |                                                        |                                |
|                         |                              |                                                                  |                                                             |                                                        |                                |
|                         |                              |                                                                  |                                                             |                                                        |                                |
|                         |                              |                                                                  |                                                             |                                                        |                                |
|                         |                              |                                                                  |                                                             |                                                        |                                |
|                         |                              |                                                                  |                                                             |                                                        |                                |
|                         |                              |                                                                  |                                                             |                                                        |                                |
| 52522 10-11-22          | I                            | 7                                                                | 1                                                           | 1                                                      |                                |

# Case 24-11395 Doc 1 Filed 06/19/24 Page 236 of 316

# QLESS, INC.

# 27-1155885

| OTHER ADDITIONS                 | STATEMENT 1 |
|---------------------------------|-------------|
| DESCRIPTION                     | AMOUNT      |
| IRC SEC. 274 - CAA DECONFORMITY | 23,816.00   |
| TOTAL TO FORM K-120, LINE 7     | 23,816.00   |

|              | NET O              | PERATING LOSS DE              | DUCTION           | STATEMENT 2     |
|--------------|--------------------|-------------------------------|-------------------|-----------------|
| TAX YEAR     | LOSS SUSTAINED     | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | LOSS<br>ALLOWED |
| 12/31/16     | 104,742.00         | 0.                            | 104,742.00        | 0.              |
| 12/31/17     | 115,645.00         | 0.                            | 115,645.00        | 0.              |
| 12/31/18     | 145,170.00         | 0.                            | 145,170.00        | 0.              |
| 12/31/19     | 85,767.00          | 0.                            | 85,767.00         | 0.              |
| 12/31/20     | 28,796.00          | 0.                            | 28,796.00         | 0.              |
| 12/31/21     | 82,988.00          | 0.                            | 82,988.00         | 0.              |
| TOTAL KANSAS | NOL TO FORM K-120, | LINE 26                       |                   | 0.              |

QLESS, INC.

27-1155885

| KS K-120AS                     |      | OTHER INCOME |  |   |  |       |      | STATEMENT 3 |   |   |   |   |                  |                  |
|--------------------------------|------|--------------|--|---|--|-------|------|-------------|---|---|---|---|------------------|------------------|
|                                |      |              |  |   |  |       |      |             |   |   |   |   | WITHIN<br>KANSAS | TOTAL<br>COMPANY |
| OTHER RECEIPT<br>SERVICE INCOM | _ •  |              |  |   |  | • •   |      |             |   |   |   |   | 0<br>228,022     | 0<br>8,481,600   |
| OTALS TO K-1                   | 20AS | •            |  | • |  | <br>• | <br> | •           | • | • | • | • | 228,022          | 8,481,600        |

QLESS, INC.

27 - 1155885

| KANSAS | STATES | IN | WHICH | CONDUCTING | BUSINESS | STATEMENT | 4 |
|--------|--------|----|-------|------------|----------|-----------|---|
|        |        |    |       |            |          |           |   |

STATES IN WHICH THIS CORPORATION IS DOING BUSINESS AND FILING STATE CORPORATION INCOME, FRANCHISE RETURNS OR PRIVILEGE TAX:

AZ, CA, CO, DC, FL, GA, ID, MA, NJ, OR, TX, VA

Electronic Filing PDF Attachment

QLESS, INC. EIN: 27-1155885 FYE: 12/31/22

# **NET OPERATING LOSS ADJUSTMENT**

|              | NET<br>OPERATING |            | ADJUSTED NET<br>OPERATING LOSS |
|--------------|------------------|------------|--------------------------------|
|              | LOSS PER TAX     |            | CARRYFORWARD                   |
| TAX YEAR-END | RETURN           | ADJUSTMENT | TO 2021                        |
|              |                  |            |                                |
| 12/31/2016   | 104,742          |            | 104,742                        |
| 12/31/2017   | 115,645          |            | 115,645                        |
| 12/31/2018   | 145,170          |            | 145,170                        |
| 12/31/2019   | 85,767           |            | 85,767                         |
| 12/31/2020   | 31,698           | (2,902)    | 28,796                         |
| 12/31/2021   | 85,859           | (2,871)    | 82,988                         |
| Total        | 568,881          | (5,773)    | 563,108                        |

THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.

|                       |            |               |               | ADJUSTMENT |
|-----------------------|------------|---------------|---------------|------------|
|                       | ADJUSTMENT | ADJUSTMENT TO |               | TO KS NET  |
|                       | το βοοκ    | TAXABLE       | KS            | OPERATING  |
| LIST OF ADJUSTMENTS   | INCOME     | INCOME        | APPORTIONMENT | LOSS       |
|                       |            |               |               |            |
| 12/31/20 FINANCIAL    |            |               |               |            |
| STATEMENT REVIEW GAAP |            |               |               |            |
| ADJUSTMENT            | (184,199)  | (184,199)     | 1.5755%       | (2,902)    |
| 12/31/21 FINANCIAL    |            |               |               |            |
| STATEMENT REVIEW GAAP |            |               |               |            |
| ADJUSTMENT            | (189,072)  | (189,072)     | 1.5186%       | (2,871)    |
| TOTAL ADJUSTMENT      | (373,272)  | (373,272)     |               | (5,773)    |

Case 24-11395 Doc 1 Filed 06/19/24 Page 241 of 316

# TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM 355

# FOR THE YEAR ENDING

DECEMBER 31, 2022

# PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

# PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

## TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

# AMOUNT OF TAX:

| TOTAL TAX                    | \$<br>456 |
|------------------------------|-----------|
| LESS: PAYMENTS AND CREDITS   | \$<br>912 |
| PLUS: OTHER AMOUNT           | \$<br>0   |
| PLUS: INTEREST AND PENALTIES | \$<br>0   |
| OVERPAYMENT                  | \$<br>456 |

### **OVERPAYMENT:**

| CREDIT TO ESTIMATED TAX | \$<br>456 |
|-------------------------|-----------|
| OTHER AMOUNT            | \$<br>0   |
| REFUNDED TO YOU         | \$<br>0   |

## MAKE CHECK PAYABLE TO:

NOT APPLICABLE

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN FORM M-8453C TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE MADOR. DO NOT MAIL A COPY OF THE RETURN.

# **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM M-8453C TO US BY OCTOBER 16, 2023.

## **SPECIAL INSTRUCTIONS:**

# Case 24-11395 Doc 1 Filed 06/19/24 Page 242 of 316

Form M-8453C Corporate Tax Declaration for Electronic Filing

2022 Massachusetts Department of Revenue

| Please print or type. Privacy Act Notice available upon request. For the year January 1-December 31, 2022. |                               |                                         |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------|--|--|--|--|--|
| Corporation name                                                                                           | Federal Identification number | Form filed: 🔀 355 🔄 355U 🔄 355S 🧾 355SC |  |  |  |  |  |
| QLESS, INC.                                                                                                | 27-1155885                    |                                         |  |  |  |  |  |
| Mailing address                                                                                            | City/Town                     | State ZIP                               |  |  |  |  |  |
| 21 MILLER ALLEY, SUITE 210                                                                                 | PASADENA                      | CA 91105                                |  |  |  |  |  |

## Part 1. Tax Return Information for Electronic Filing

87-12-00014

| 1 | Excise due before credits (from Form 355, line 6; Form 355U, line 24; Form 355S, line 9; or Form 355SC, line 7)                    | 1 |      |
|---|------------------------------------------------------------------------------------------------------------------------------------|---|------|
| 2 | Total credits (from Form 355, line 7; Form 355U, lines 25 and 26; Form 355S, line 10; or Form 355SC, line 8)                       | 2 |      |
| 3 | Excise due before voluntary contributions (from Form 355, line 11; Form 355U, line 27; Form 355S, line 14; or Form 355SC, line 11) | 3 | 456. |
| 4 | Overpayment amount (from Form 355, line 21; Form 355U, line 37; Form 355S, line 24; or Form 355SC, line 18)                        | 4 | 456. |
| 5 | Balance due (from Form 355. line 24: Form 355U. line 40: Form 355S. line 27: or Form 355SC. line 24)                               | 5 |      |

## Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2022 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest. Your signature Date

# Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453C are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453C accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453C should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453C relates was filed.

| ERO's signature and SSN or PTIN                                        | Date EIN            | Check if        |  |  |  |  |
|------------------------------------------------------------------------|---------------------|-----------------|--|--|--|--|
| COHNREZNICK LLP P00361390                                              | 10/08/23 22-1478099 | self-employed   |  |  |  |  |
| Firm name (or yours, if self-employed) and address                     | City/Town State ZIP | X Check if also |  |  |  |  |
| COHNREZNICK LLP                                                        |                     | paid preparer   |  |  |  |  |
| 707 WILSHIRE BLVD, STE 4950                                            | LOS ANGELES, CA     | 90017           |  |  |  |  |
| Part 4. Declaration and Signature of Paid Preparer (if other than ERO) |                     |                 |  |  |  |  |

Under pains and penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.
Paid preparer's signature and SSN or PTIN
Date
EIN
Check if
self-employed

City/Town

State

ZIP

Firm name (or yours, if self-employed) and address

257395 01-25-23

# Massachusetts Department of Revenue Form 355-7004 Corporate Extension Payment Worksheet and Voucher

| If you are mandated to pay electronically do not use the voucher form below. See TIR 21-9. |             |
|--------------------------------------------------------------------------------------------|-------------|
|                                                                                            |             |
| Worksheet for Tax Due                                                                      |             |
| 1 Estimated amount of tax for the taxable year (must be at least minimum tax)              | ı 912.      |
| 2 Advance and/or estimated payments made (if any)                                          | <u>456.</u> |
| 3 Tax due. Subtract line 2 from line 1 3                                                   | 456.        |

The full amount of tax due reported on line 3 must be paid by or before the return due date. If there is no tax due on line 3; no further action is needed for the extension. If there is a tax due on line 3, pay online at mass.gov/masstaxconnect or use the voucher below. If at least 50% of the tax due for the taxable year or the minimum tax (whichever is greater) is not paid by the original return due date, the extension is null and void, and penalties and interest for a late return and any late payments will be assessed from the original due date of the return.

| 257591 12-16-22                          |                   |                  |               | CUDUC                        |                    |
|------------------------------------------|-------------------|------------------|---------------|------------------------------|--------------------|
| 2022 Form 355-7004                       | J                 |                  | CH HERE       | NAL PURPOSES ONLY            |                    |
| Massachusetts Corporate I                | Extension Payment | Voucher          | THIS FORM MUS | T BE FILED ELECTRONICALLY SE | E T <u>IR 21-9</u> |
| Payment for period end date (mm/dd/yyyy) | Tax type          | Voucher type     | ID type       | Vendor code                  |                    |
| 12/31/2022                               | 014               | 18               | 004           | 1019                         |                    |
| Name of business                         |                   | Federal Identifi | cation number | Check if incorporated in Ma  | assachusetts       |
| QLESS, INC.                              |                   | 27-              | -1155885      | Π                            |                    |
| Business address                         |                   |                  |               |                              |                    |
| 21 MILLER ALLEY,                         | SUITE 210         |                  |               |                              |                    |
| City/Town                                |                   | State            | ZIP           | Amount enclosed              |                    |
| PASADENA                                 |                   | CA               | 91105         | \$                           | 456.00             |
| Pay online at mass.gov/masstaxconn       | ect.              |                  |               |                              |                    |









CA 91105

**2022 Form 355** MA22397011019

Business or Manufacturing Corporation Excise Return

Year beginning 01012022 Ending 12312022

# QLESS, INC. 27 1155885 21 MILLER ALLEY, SUITE 2 PASADENA

|       | Check if:          | Initial return                 | Final retur                | n Nam                   | ie change          | Address cha     | inge          | Amended                 | return                 |
|-------|--------------------|--------------------------------|----------------------------|-------------------------|--------------------|-----------------|---------------|-------------------------|------------------------|
|       | Amended r          | eturn due to federal cha       | ange Amended               | return due to fed       | eral audit         | Amended re      | turn due to l | RS BBA Parti            | nership Audit          |
|       | Enclosing          | Schedule DRE                   | Enclosing                  | Schedule FCI            | Enclosing S        | Schedule TDS    |               |                         |                        |
|       | S election         | termination or revocatio       | n Member o                 | f lower-tier entity     |                    |                 |               |                         |                        |
| 1.    | Check if the cor   | poration is incorporated       | d within Massachusetts     |                         |                    |                 |               |                         |                        |
| 2.    | Date of incorpo    | ration in Massachusetts        | 6                          |                         |                    |                 |               | 2                       |                        |
| 3.    | Type of corpora    | ation Section                  | n 38 manufacturer          | Mutual fund s           | service            |                 |               |                         |                        |
| 4.    | Type of corpora    | ation R&D                      |                            | Classified ma           | nufacturing        | RIC             | REIT          |                         |                        |
| 5.    | Check if the cor   | poration is filing a Mas       | sachusetts combined ret    | urn                     |                    |                 |               |                         |                        |
| 6.    | FID of principal   | reporting corporation it       | f answer to line 5 is Yes  |                         |                    |                 |               | 6                       |                        |
| 7.    |                    | poration's tax year is di      |                            |                         |                    |                 |               |                         |                        |
| 8.    |                    |                                | e mutual holding corpor    | ation                   |                    |                 |               |                         |                        |
| 9.    |                    |                                | alternate apportionment    |                         |                    |                 |               |                         | F12010                 |
| 10.   | Principal busin    |                                |                            |                         |                    |                 |               | 10                      | 513210                 |
| 11.   |                    | loyees in Massachusett         | S                          |                         |                    |                 |               | 11                      | 40                     |
| 12.   | -                  | loyees worldwide               |                            |                         |                    |                 |               | 12                      | 40<br>07022009         |
| 13.   | 0 1                | ation: first date of busin     | ess in Massachusetts       |                         |                    |                 |               | 13                      | 07022009               |
| 14.   | Last year audite   | ,                              |                            |                         |                    |                 |               | 14                      |                        |
| 15.   | ,                  | ments have been reporte        |                            |                         |                    |                 |               |                         |                        |
| 16.   |                    |                                | ntangible or interest expe |                         | -                  |                 | 070           |                         |                        |
| 17.   | Check if:          |                                | ng exemption from the in   |                         | of the excise purs | suant to PL 86- | -272          |                         |                        |
| DEOL  |                    | ,                              | respect to partnership ad  |                         |                    |                 |               |                         |                        |
|       |                    |                                | declare that to the best   |                         |                    | s return and er |               | ,                       | •                      |
| Signa | iture of appropria |                                | Date                       | Print paid pre<br>DARIN |                    |                 |               | reparer's PTI<br>361390 |                        |
| Title |                    |                                | Date                       | Paid preparer           |                    |                 |               | reparer's EIN           |                        |
|       | NIOR DIR           |                                |                            | 310 84                  | 3 9700             |                 | 22            | 147809                  | 99                     |
| -     |                    | authorized delegate            |                            |                         |                    |                 |               |                         |                        |
|       |                    | cer of the corporation?        |                            | Paid preparer           |                    |                 | Date          | 00000                   | Check if self-employed |
| `     | nstructions)       | <sub>Yes</sub> X <sub>No</sub> |                            | DARIN                   | JAMES              |                 | 100           | 82023                   |                        |
|       | ayer's e-mail add  | RESS                           | vr                         |                         |                    |                 |               |                         |                        |

NICK.THOMAS@QLESS.COM

257401 11-15-22

### PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2022 Excise Calculation MA22397021019



Business or Manufacturing Corporation Excise Return 27 1155885

| 1.  | Taxable Massachusetts tangible property,   | if applicable              | x .0026     | 5 = <b>1</b> |     |
|-----|--------------------------------------------|----------------------------|-------------|--------------|-----|
| 2.  | Taxable net worth, if applicable           | approable                  | 0 x .0026   |              | 0   |
| 3.  | Massachusetts taxable income               |                            | 0 x .0800   |              | 0   |
| 4.  | Credit recapture                           |                            |             | 4            |     |
| 5.  | Tax on installment sales                   |                            |             | 5            |     |
| 6.  | Excise before credits                      |                            |             | 6            | 0   |
| 7.  | Total credits                              |                            |             | 7            |     |
| 8.  | Excise after credits                       |                            |             | 8            | 0   |
| 9.  | Combined filer tax due                     |                            |             | 9            |     |
| 10. | Minimum excise                             |                            |             | 10           | 456 |
| 11. | Excise due before voluntary contribution   |                            |             | 11           | 456 |
| 12. | Voluntary contribution for endangered wild | llife conservation         |             | 12           |     |
| 13. | Excise due plus voluntary contribution     |                            |             | 13           | 456 |
| 14. | 2021 overpayment applied to your 2022 es   | stimated tax               |             | 14           | 456 |
| 15. | 2022 Massachusetts estimated tax payme     | nts                        |             | 15           |     |
| 16. | Payment made with extension                |                            |             | 16           | 456 |
| 17. | Payment with original return               |                            |             | 17           |     |
| 18. | Pass-through entity withholding. Payer ID  | number                     |             | 18           |     |
| 19. | Total refundable credits                   |                            |             | 19           |     |
| 20. | Total payments                             |                            |             | 20           | 912 |
| 21. | Amount overpaid                            |                            |             | 21           | 456 |
| 22. | Amount overpaid to be credited to 2023 es  | stimated tax               |             | 22           | 456 |
| 23. | Amount overpaid to be refunded             |                            | Refund      | 23           |     |
| 24. | Balance due                                |                            | Balance due | 24           |     |
| 25. | a. M-2220 penalty                          | b. Late file/pay penalties | a + b       | = 25         |     |
| 26. | Interest on unpaid balance                 |                            |             | 26           |     |
| 27. | Total payment due at time of filing        |                            | Total due   | 27           |     |
|     |                                            |                            |             |              |     |

257402 11-15-22





**2022 Schedule A** MA22060011019

Balance Sheet

QLESS, INC.

27 1155885

| Tangible Assets                                       |    | A.<br>Original<br>cost | B. Accumulated depreciation and amortization | C.<br>Net book<br>value |
|-------------------------------------------------------|----|------------------------|----------------------------------------------|-------------------------|
| 1. Capital assets in Massachusetts:                   |    |                        |                                              |                         |
| a. Buildings                                          | 1a |                        |                                              |                         |
| b. Land                                               | 1b |                        |                                              |                         |
| c. Motor vehicles and trailers                        | 1c |                        |                                              |                         |
| d. Machinery taxed locally                            | 1d |                        |                                              |                         |
| e. Machinery not taxed locally                        | 1e |                        |                                              |                         |
| f. Equipment                                          | 1f |                        |                                              |                         |
| g. Fixtures                                           | 1g |                        |                                              |                         |
| h. Leasehold improvements taxed locally               | 1h |                        |                                              |                         |
| i. Leasehold improvements not taxed locally           | 1i |                        |                                              |                         |
| j. Other fixed depreciable assets                     | 1j |                        |                                              |                         |
| k. Construction in progress                           | 1k |                        |                                              |                         |
| I. Total capital assets in Massachusetts              | 11 |                        |                                              |                         |
| 2. Inventories in Massachusetts:                      |    |                        |                                              |                         |
| a. General merchandise                                | 2a |                        |                                              |                         |
| b. Exempt goods                                       | 2b |                        |                                              |                         |
| 3. Supplies and other non-depreciable assets in Mass. | 3  |                        |                                              |                         |
| 4. Total tangible assets in Massachusetts             | 4  |                        |                                              |                         |
| 5. Capital assets outside of Massachusetts:           |    |                        |                                              |                         |
| a. Buildings and other depreciable assets             | 5a | 267371                 | 112850                                       | 154521                  |
| b. Land                                               | 5b |                        |                                              |                         |
| 6. Leaseholds/leasehold improvements outside Mass.    | 6  |                        |                                              |                         |
| 7. Total capital assets outside Massachusetts         | 7  | 267371                 | 112850                                       | 154521                  |

257403 11-15-22





Business or Manufacturing Corporation Excise Return  $27\ 1155885$ 

| 8.   | Inventories outside Massachusetts                               | 8   |           |
|------|-----------------------------------------------------------------|-----|-----------|
| 9.   | Supplies and other non-depreciable assets outside Massachusetts | 9   |           |
| 10.  | Total tangible assets outside of Massachusetts                  | 10  | 154521    |
| 11.  | Total tangible assets. Add lines 4 and 10                       | 11  | 154521    |
| 12.  | Investments:                                                    |     |           |
|      | a. Investments in subsidiary corporations at least 80% owned    | 12a |           |
|      | b. Other investments                                            | 12b |           |
| 13.  | Notes receivable                                                | 13  |           |
| 14.  | Accounts receivable                                             | 14  | 902004    |
| 15.  | Intercompany receivables                                        | 15  |           |
| 16.  | Cash                                                            | 16  | 1905920   |
| 17.  | Other assets                                                    | 17  | 2708998   |
| 18.  | Total assets                                                    | 18  | 5671443   |
| Liat | pilities and Capital                                            |     |           |
| 19.  | Mortgages on:                                                   |     |           |
|      | a. Massachusetts tangible property taxed locally                | 19a |           |
|      | b. Other tangible assets                                        | 19b |           |
| 20.  | Bonds and other funded debt                                     | 20  |           |
| 21.  | Accounts payable                                                | 21  | 244516    |
| 22.  | Intercompany payables                                           | 22  |           |
| 23.  | Notes payable                                                   | 23  |           |
| 24.  | Miscellaneous current liabilities                               | 24  | 6903797   |
| 25.  | Miscellaneous accrued liabilities                               | 25  | 6300513   |
| 26.  | Total liabilities                                               | 26  | 13448826  |
| 27.  | Total capital stock issued                                      | 27  | 340       |
| 28.  | Paid-in or capital surplus                                      | 28  | 29035683  |
| 29.  | Retained earnings and surplus reserves                          | 29  | -36798406 |
| 30.  | Undistributed S corporation net income                          | 30  |           |
| 31.  | Total capital                                                   | 31  | -7762383  |
| 32.  | Treasury stock                                                  | 32  | 15000     |
| 33.  | Total liabilities and capital                                   | 33  | 5671443   |

257404 11-15-22

Ĩ





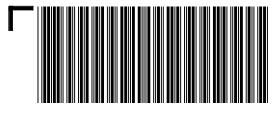
# 2022 Schedule B

MA22061011019

Tangible or Intangible Property Corp. Classification

| QI  | LESS, INC.                                                           | 27 1155885 |         |         |
|-----|----------------------------------------------------------------------|------------|---------|---------|
|     |                                                                      |            |         |         |
| 1.  | Total Massachusetts tangible property                                |            | 1       |         |
| 2.  | Massachusetts real estate                                            |            | 2       |         |
| 3.  | Massachusetts motor vehicles and trailers                            |            | 3       |         |
| 4.  | Massachusetts machinery taxed locally                                |            | 4       |         |
| 5.  | Massachusetts leasehold improvements taxed locally                   |            | 5       |         |
| 6.  | Massachusetts tangible property taxed locally                        |            | 6       |         |
| 7.  | Massachusetts tangible property not taxed locally                    |            | 7       |         |
| 8.  | Total assets                                                         |            | 8       | 5671443 |
| 9.  | Massachusetts tangible property taxed locally                        |            | 9       |         |
| 10. | Total assets not taxed locally                                       |            | 10      | 5671443 |
| 11. | Investments in subsidiaries at least 80% owned                       |            | 11      |         |
| 12. | Assets subject to allocation                                         |            | 12      | 5671443 |
| 13. | Income apportionment percentage                                      |            | 13 0.   | .012344 |
| 14. | Allocated assets                                                     |            | 14      | 70008   |
| 15. | Tangible property percentage                                         |            | 15 0.   | .000000 |
| Sch | edule C. Tangible Property Corporation                               |            |         |         |
| 1.  | Total Massachusetts tangible property                                |            | 1       |         |
| 2.  | Exempt Massachusetts tangible property:                              |            |         |         |
|     | a. Massachusetts real estate                                         |            | 2a      |         |
|     | b. Massachusetts motor vehicles and trailers                         |            | 2b      |         |
|     | c. Massachusetts machinery taxed locally                             |            | 20      |         |
|     | d. Massachusetts leasehold improvements taxed locally                |            | 2d      |         |
|     | e. Exempt goods                                                      |            | 2e      |         |
|     | f. Certified Massachusetts industrial waste/air treatment facilities |            | 2f      |         |
|     | g. Certified Massachusetts solar or wind power deduction             |            | 2g      |         |
| 3.  | Total exempt Massachusetts tangible property                         |            | -9<br>3 |         |
| 4.  | Taxable Massachusetts tangible property                              |            | 4       |         |
|     |                                                                      |            | ·       |         |

257405 11-15-22





I

# 2022 Schedule D MA22062011019

Intangible Property Corporation 27 1155885

| 1.                                     | Total assets                                                                                                                                                                                                                                                                 | 1                                         | 5671443  |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------|
| 2.                                     | Total liabilities                                                                                                                                                                                                                                                            | 2                                         | 13448826 |
| 3.                                     | Massachusetts tangible property taxed locally                                                                                                                                                                                                                                | 3                                         |          |
| 4.                                     | Mortgages on Massachusetts tangible property taxed locally                                                                                                                                                                                                                   | 4                                         |          |
| 5.                                     | Subtract line 4 from line 3                                                                                                                                                                                                                                                  | 5                                         | 0        |
| 6.                                     | Investments in subsidiaries at least 80% owned                                                                                                                                                                                                                               | 6                                         |          |
| 7.                                     | Deductions from total assets                                                                                                                                                                                                                                                 | 7                                         | 13448826 |
| 8.                                     | Allocable net worth                                                                                                                                                                                                                                                          | 8                                         | 0        |
| 9.                                     | Income apportionment percentage                                                                                                                                                                                                                                              | 9                                         | 0.012344 |
| 10.                                    | Taxable net worth                                                                                                                                                                                                                                                            | 10                                        | 0        |
|                                        |                                                                                                                                                                                                                                                                              |                                           |          |
| Sch                                    | edule E-1. Dividends Deduction                                                                                                                                                                                                                                               |                                           |          |
| <b>Sch</b><br>1.                       |                                                                                                                                                                                                                                                                              | 1                                         |          |
|                                        |                                                                                                                                                                                                                                                                              | 1<br>2                                    |          |
| 1.                                     | Total dividends                                                                                                                                                                                                                                                              | 1<br>2<br>3                               |          |
| 1.<br>2.                               | Total dividends<br>Dividends from Massachusetts corporate trusts<br>Dividends from non-wholly-owned DISCs                                                                                                                                                                    | 1<br>2<br>3<br>4                          |          |
| 1.<br>2.<br>3.                         | Total dividends<br>Dividends from Massachusetts corporate trusts<br>Dividends from non-wholly-owned DISCs                                                                                                                                                                    | 1<br>2<br>3<br>4<br>5                     |          |
| 1.<br>2.<br>3.<br>4.                   | Total dividends<br>Dividends from Massachusetts corporate trusts<br>Dividends from non-wholly-owned DISCs<br>Dividends, if less than 15% of voting stock owned                                                                                                               | 1<br>2<br>3<br>4<br>5<br>6                |          |
| 1.<br>2.<br>3.<br>4.<br>5.             | Total dividends<br>Dividends from Massachusetts corporate trusts<br>Dividends from non-wholly-owned DISCs<br>Dividends, if less than 15% of voting stock owned<br>Dividends from RICs                                                                                        | 1<br>2<br>3<br>4<br>5<br>6<br>7           |          |
| 1.<br>2.<br>3.<br>4.<br>5.             | Total dividends<br>Dividends from Massachusetts corporate trusts<br>Dividends from non-wholly-owned DISCs<br>Dividends, if less than 15% of voting stock owned<br>Dividends from RICs<br>Dividends from REITS                                                                | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8      |          |
| 1.<br>2.<br>3.<br>4.<br>5.<br>6.<br>7. | Total dividends<br>Dividends from Massachusetts corporate trusts<br>Dividends from non-wholly-owned DISCs<br>Dividends, if less than 15% of voting stock owned<br>Dividends from RICs<br>Dividends from REITs<br>Total taxable dividends<br>Dividends eligible for deduction | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9 |          |

257406 11-15-22

Í\_\_\_\_





I

**2022 Schedule E** MA22064011019

Taxable Income

QLESS, INC.

27 1155885

| 1.  | Gross receipts or sales                                                                                | 1                 | 8481600  |
|-----|--------------------------------------------------------------------------------------------------------|-------------------|----------|
| 2.  | Gross profit                                                                                           | 2                 | 5709510  |
| 3.  | Other deductions                                                                                       | 3                 | 4940577  |
| 4.  | Net income                                                                                             | 4                 | -4989314 |
| 5.  | Allowable U.S. wage credit                                                                             | 5                 |          |
| 6.  | Subtract line 5 from line 4                                                                            | 6                 | -4989314 |
| 7.  | State and municipal bond interest not included in U.S. net income                                      | 7                 |          |
| 8.  | Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income | 8                 | 4986     |
| 9.  | Section 168(k) "bonus" depreciation adjustment                                                         | 9                 |          |
| 10. | Section(s) 31l and 31K intangible expenses                                                             | 10                |          |
| 11. | Section(s) 31J and 31K interest expenses                                                               | 11                |          |
| 12. | Reserved for future use                                                                                | 12                |          |
| 13. | Other adjustments, including research and development expenses                                         | 13                |          |
| 14. | Add lines 6 through 13                                                                                 | 14                | -4984328 |
| 15. | Abandoned building renovation deduction                                                                | x .10 = <b>15</b> |          |
| 16. | Dividends deduction                                                                                    | 16                |          |
| 17. | Add back of intangible expenses exception                                                              | 17                |          |
| 18. | Add back of interest expenses exception                                                                | 18                |          |
| 19. | Income subject to apportionment                                                                        | 19                | -4984328 |
| 20. | Income apportionment percentage                                                                        | 20                | 0.012344 |
| 21. | Multiply line 19 by line 20                                                                            | 21                | -61527   |
| 22. | Income not subject to apportionment                                                                    | 22                |          |
| 23. | Total net income allocated or apportioned to Massachusetts                                             | 23                | -61527   |
| 24. | Certified Massachusetts solar or wind power deduction                                                  | 24                |          |
| 25. | Massachusetts taxable income before NOL deduction                                                      | 25                | -61527   |
| 26. | Net operating loss deduction                                                                           | 26                |          |
| 27. | Massachusetts taxable income                                                                           | 27                | -61527   |
| 28. | Net operating loss carryover                                                                           | 28                | 270289   |
|     |                                                                                                        |                   |          |

257407 11-15-22





**2022 Schedule F** MA22066011019

Income Apportionment

# QLESS, INC.

27 1155885

Fill in: Section 38 manufacturer Mutual fund service corporation reporting sales of mutual funds only Mutual fund service corporation reporting sales of non-mutual funds

X Other Change in method of calculating one or more factors from prior year

LOCATION

STATE FACILITY TYPE

ACCEPTS REG. IN FILES IN ORDERS STATE STATE

# **Apportionment Factors**

| 1. | Tangible property                             |               |        |           |          |
|----|-----------------------------------------------|---------------|--------|-----------|----------|
|    | a. Property owned                             | Massachusetts | 0      | Worldwide | 211870   |
|    | b. Property rented                            | Massachusetts | 0      | Worldwide | 1417600  |
|    | c. Total property owned and rented            | Massachusetts | 0      | Worldwide | 1629470  |
|    | d. Tangible property apportionment percentage |               |        | 1d        | 0.00000  |
| 2. | Payroll                                       |               |        |           |          |
|    | a. Total payroll                              | Massachusetts | 86254  | Worldwide | 5161865  |
|    | b. Payroll apportionment percentage           |               |        | 2b        | 0.016710 |
| 3. | Sales                                         |               |        |           |          |
|    | a. Tangible (destination)                     | Massachusetts | 0      |           |          |
|    | b. Tangible (throw back)                      | Massachusetts |        | Worldwide |          |
|    | c. Services                                   | Massachusetts | 138518 | Worldwide | 8481600  |
|    | d. Rents and royalties                        | Massachusetts |        | Worldwide |          |
|    | e. Other sales factors                        | Massachusetts |        | Worldwide |          |
|    | f. Total sales factors                        | Massachusetts | 138518 | Worldwide | 8481600  |
|    | g. Sales apportionment percentage             |               |        | 3g        | 0.016332 |
| 4. | Apportionment percentage                      |               |        | 4         | 0.049374 |
| 5. | Massachusetts apportionment percentage        |               |        | 5         | 0.012344 |
|    |                                               |               |        |           |          |

257691 11-15-22





1

MA22639011019

Year beginning 01 01 2022 Ending 12 31 2022

# QLESS, INC.

27 1155885

Date of most recent ownership change 07 02 2009

1. Corporation's total income allocated or apportioned in Massachusetts for the year

- 2. Fill in if the amount of NOL available for any year below is different from the NOL remaining as shown on last year's tax return Explain difference (see instructions)
- 3. Fill in if the taxpayer is subject to a limitation under Internal Revenue Code (IRC) § 382. If filled in, the taxpayer must separately determine and apply its Massachusetts IRC § 382 limitation under 830 CMR 63.30.2(9)(b)
- 4. List the available losses by tax year end

|                 | Massachusetts<br>Post apportionment |          | NOL shared with |               |
|-----------------|-------------------------------------|----------|-----------------|---------------|
| Period end date | NOL available                       | NOL used | other members   | Remaining NOL |
| 12312016        | 4547                                | 0        |                 | 4547          |
| 12312017        | 31245                               | 0        |                 | 31245         |
| 12312018        | 64476                               | 0        |                 | 64476         |
| 12312019        | 29434                               | 0        |                 | 29434         |
| 12312020        | 14452                               | 0        |                 | 14452         |
| 12312021        | 64608                               | 0        |                 | 64608         |

0

208762

0

-61527

10/11/2023 16:48:29





27 1155885

| 5.  | Total Massachusetts Post Apportionment NOL available     | 5.  | 270289 |
|-----|----------------------------------------------------------|-----|--------|
| 6.  | Total Massachusetts NOL used                             | 6.  | 0      |
| 7.  | Total NOL shared with other members                      | 7.  | 0      |
| 8.  | Total remaining NOL not used or shared                   | 8.  | 270289 |
| 9.  | Total NOL expired                                        | 9.  | 0      |
| 10. | Total remaining NOL carryover available for future years | 10. | 270289 |





Doc 1 Filed 06/19/24 Page 254 of 316

# Massachusetts Department of Revenue Schodulo M-1

# Schedule M-1 Federal Reconciliation

2022

| For calendar year 2022 or taxable year beginning              | and ending          |             |
|---------------------------------------------------------------|---------------------|-------------|
| Name of corporation Federal Identification                    | number<br>27-115588 | 9 F         |
| QLESS, INC.                                                   | 27-115588           | 55          |
| Part 1. Income and expenses                                   |                     |             |
| 1 Net sales                                                   |                     | 8,481,600.  |
| 2 Cost of goods sold                                          |                     | 2,772,090.  |
| 3 Gross profit                                                |                     | 5,709,510.  |
| 4 Dividends and inclusions                                    |                     |             |
| 5 Interest income                                             |                     | 21,623.     |
| 6 Gross rents                                                 |                     |             |
| 7 Gross royalties                                             |                     |             |
| 8 Capital gains on net income                                 |                     |             |
| 9 Net gain or loss (from Form 4797)                           |                     |             |
| 10 Other income                                               |                     | -164,649.   |
| 11 Total income                                               |                     | 5,566,484.  |
| 12 Compensation of officers deduction                         |                     | 535,448.    |
| 13 Salaries and wages deduction                               |                     | 2,933,941.  |
| 14 Repairs and maintenance deduction                          |                     |             |
| 15 Bad debts deduction                                        |                     |             |
| 16 Rents deduction                                            |                     | 177,200.    |
| 17 Taxes and licenses deduction                               |                     | 370,207.    |
| 18 Interest expense deduction                                 |                     | 242,260.    |
| 19 Charitable contributions deduction                         |                     |             |
| 20 Depreciation deduction                                     |                     | 37,803.     |
| 21 Depletion deduction                                        |                     |             |
| 22 Advertising deduction                                      | Г                   | 877,082.    |
| 23 Pension and profit sharing deduction                       | Г                   |             |
| 24 Employee benefit programs deduction                        | г                   | 441,280.    |
| 25 Reserved for future use                                    | <b>[</b>            |             |
| 26 Other deductions                                           | [                   | 4,940,577.  |
| 27 Total deductions                                           | _<br>_              | 10,555,798. |
| 28 Taxable income before NOL deduction and special deductions |                     | -4,989,314. |



# Filed 06/19/24 Page 255 of 316

2022 SCHEDULE M-1, PAGE 2

Name of corporation QLESS, INC.

Federal Identification number

27-1155885

#### Part 2. Corporate ownership

1 At the end of the tax year did any foreign or domestic corporation, partnership, including any entity treated as a partnership, trust or tax-exempt organization own, directly or indirectly, more than 50% of the total voting power of all the corporation's stock entitled to vote?

 Yes
 Xes

| a.<br>Name of entity | b. Federal<br>Identification number | c.<br>Type of entity | d. Country of organization | e. Ownership<br>percentage |
|----------------------|-------------------------------------|----------------------|----------------------------|----------------------------|
|                      |                                     |                      |                            |                            |
|                      |                                     |                      |                            |                            |
|                      |                                     |                      |                            |                            |
|                      |                                     |                      |                            |                            |

2 At the end of the tax year did the corporation own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation?

| b. Federal<br>Identification number | c. Country of incorporation | d. Ownership percentage |
|-------------------------------------|-----------------------------|-------------------------|
|                                     |                             |                         |
|                                     |                             |                         |
|                                     |                             |                         |
|                                     |                             |                         |
|                                     |                             |                         |
|                                     |                             |                         |
|                                     |                             |                         |
|                                     |                             |                         |

257182 01-25-23

Yes X No

# Case 24-11395 Doc 1 Filed 06/19/24 Page 256 of 316

QLESS, INC.

27-1155885

| NET OPERATING LOSS ADJUSTMENT<br>NET OPERATING LOSS PER TAX RETURN<br>12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2020<br>12/31/2021<br>TOTAL<br>ADJUSTMENT<br>12/31/2020<br>12/31/2020<br>12/31/2021<br>TOTAL<br>ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2016<br>12/31/2016<br>12/31/2017<br>12/31/2019<br>12/31/2019<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>12/31/2021<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689 | 4,547    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 12/31/2016<br>12/31/2017<br>12/31/2019<br>12/31/2020<br>12/31/2021<br>TOTAL<br>ADJUSTMENT<br>12/31/2020<br>12/31/2021<br>TOTAL<br>ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2018<br>12/31/2019<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                          | 4.547    |
| 12/31/2016<br>12/31/2017<br>12/31/2019<br>12/31/2020<br>12/31/2021<br>TOTAL<br>ADJUSTMENT<br>12/31/2020<br>12/31/2021<br>TOTAL<br>ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2018<br>12/31/2019<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                          | 4,547    |
| 12/31/2017<br>12/31/2019<br>12/31/2020<br>12/31/2021<br>TOTAL<br>ADJUSTMENT<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>TOTAL<br>ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2017<br>12/31/2017<br>12/31/2018<br>12/31/2019<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                          |          |
| 12/31/2018<br>12/31/2020<br>12/31/2021<br>TOTAL<br>ADJUSTMENT<br>12/31/2020<br>12/31/2020<br>12/31/2021<br>TOTAL<br>ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2018<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                        | 31,245   |
| 12/31/2020<br>12/31/2021<br>TOTAL<br>ADJUSTMENT<br>12/31/2020<br>12/31/2020<br>TOTAL<br>ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2019<br>12/31/2019<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                    | 64,476   |
| 12/31/2021<br>FOTAL<br>ADJUSTMENT<br>12/31/2020<br>12/31/2021<br>FOTAL<br>ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2019<br>12/31/2020<br>12/31/2020<br>12/31/2021<br>FOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>AAPPORTIONMENT 0.7689%<br>                                                                                                                                                                                                                                                              | 29,434   |
| TOTAL<br>ADJUSTMENT<br>12/31/2020<br>12/31/2021<br>FOTAL<br>ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2019<br>12/31/2020<br>12/31/2020<br>12/31/2021<br>FOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>AAPPORTIONMENT 0.7689%<br>                                                                                                                                                                                                                                                                            | 15,868   |
| ADJUSTMENT<br>12/31/2020<br>12/31/2021<br>TOTAL<br>ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2019<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                       | 66,841   |
| 12/31/2020<br>12/31/2021<br>TOTAL<br>ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2020<br>12/31/2020<br>12/31/2020<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                   | 212,411  |
| 12/31/2021<br>TOTAL<br>ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2020<br>12/31/2020<br>12/31/2021<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                 |          |
| TOTAL<br>ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2020<br>12/31/2020<br>12/31/2021<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                               | -1,416   |
| ADJUSTED NET OPERATING LOSS CARRYFORWARD TO 2021<br>12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2020<br>12/31/2021<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                                                      | -2,233   |
| 12/31/2016<br>12/31/2017<br>12/31/2018<br>12/31/2020<br>12/31/2021<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -3,649   |
| 12/31/2017<br>12/31/2018<br>12/31/2020<br>12/31/2021<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                                                                                                                        |          |
| 12/31/2018<br>12/31/2020<br>12/31/2021<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                                                                                                                                      | 4,547    |
| 12/31/2019<br>12/31/2020<br>12/31/2021<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                                                                                                                                      | 31,245   |
| 12/31/2020<br>12/31/2021<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                                                                                                                                                    | 64,476   |
| 12/31/2021<br>TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 29,434   |
| TOTAL<br>THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14,452   |
| THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX<br>YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 64,608   |
| YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO<br>ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER<br>FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL<br>STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.<br>12/31/20 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT<br>ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 208,762  |
| ADJUSTMENT TO BOOK INCOME<br>ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |
| ADJUSTMENT TO TAXABLE INCOME<br>MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| MA APPORTIONMENT 0.7689%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -184,199 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | -184,199 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |
| ADJUSTMENT TO MA NET OPERATING LOSS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -1,416   |
| 12/31/21 FINANCIAL STATEMENT REVIEW GAAP ADJUSTMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |
| ADJUSTMENT TO BOOK INCOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -189,072 |
| ADJUSTMENT TO TAXABLE INCOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -189,072 |
| MA APPORTIONMENT 1.1811%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| ADJUSTMENT TO MA NET OPERATING LOSS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -2,233   |

Case 24-11395 Doc 1 Filed 06/19/24 Page 257 of 316

QLESS, INC.

# 27 - 1155885

| MASSACHUSETTS                                                             | IUSETTS OTHER ASSETS |                                   |
|---------------------------------------------------------------------------|----------------------|-----------------------------------|
| DESCRIPTION                                                               |                      | AMOUNT                            |
| OTHER CURRENT ASSETS<br>FEDERAL OTHER ASSETS<br>FEDERAL INTANGIBLE ASSETS |                      | 512,057.<br>34,939.<br>2,162,002. |
| TOTAL TO SCHEDULE A, LINE 17                                              |                      | 2,708,998.                        |

# State-Only e-file Signature Authorization

► Do not send to the Taxing Authority. This is not a tax return.

Keep this form for your records.

27 1155885

FEIN

 Taxpayer name

 QLESS,
 INC.

 Part I
 Electronically Filed States

# NEW JERSEY

8879-SO

| Part II Declaration and Signature Authorization (Be sure you get                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and keep a copy of your return)                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return as<br>the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermedi<br>to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledge<br>reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I<br>initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indi-<br>owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to<br>financial institutions involved in the processing of the electronic payment of taxes to receive confident<br>related to the payment. I further acknowledge that the personal identification number (PIN) below is new<br>my Electronic Funds Withdrawal Consent. | ate service provider, transmitter, or electronic return originator (ERO)<br>ment of receipt or reason for rejection of the transmission, (b) the<br>authorize the taxing authority and its designated Financial Agent to<br>cated in the tax preparation software for payment of my state taxes<br>to this account. I further understand that this also authorizes the<br>tial information necessary to answer inquiries and resolve issues |
| Taxpayer's PIN: check one box only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| X   authorize COHNREZNICK LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to enter or generate my PIN 55885                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>ERO firm name</b><br>as my signature on my tax year 2022 electronically filed income tax return.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Enter five numbers, but<br>do not enter all zeros                                                                                                                                                                                                                                                                                                                                                                                           |
| I will enter my PIN as my signature on my tax year 2022 electronically filed income t PIN and your return is filed using the Practitioner PIN method. The ERO must comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Your signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date ►                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Title _ SENIOR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Part III Certification and Authentication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 96289622147                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | do not enter all zeros                                                                                                                                                                                                                                                                                                                                                                                                                      |
| I certify that the above numeric entry is my PIN, which is my signature for the tax year 202 indicated above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2 electronically filed income tax return for the taxpayer                                                                                                                                                                                                                                                                                                                                                                                   |
| ERO's signature COHNREZNICK LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date > 10/08/2023                                                                                                                                                                                                                                                                                                                                                                                                                           |

## ERO Must Retain This Form Do Not Submit This Form to the Taxing Authority

219875 04-01-22

Case 24-11395 Doc 1 Filed 06/19/24 Page 259 of 316

# TAX RETURN FILING INSTRUCTIONS

**NEW JERSEY FORM CBT-100** 

# FOR THE YEAR ENDING

DECEMBER 31, 2022

# PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

# PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

#### TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

# AMOUNT OF TAX:

| TOTAL TAX                    | \$<br>1,000 |
|------------------------------|-------------|
| LESS: PAYMENTS AND CREDITS   | \$<br>1,500 |
| PLUS: OTHER AMOUNT           | \$<br>0     |
| PLUS: INTEREST AND PENALTIES | \$<br>0     |
| OVERPAYMENT                  | \$<br>500   |

#### **OVERPAYMENT:**

| CREDIT TO ESTIMATED TAX | \$<br>500 |
|-------------------------|-----------|
| OTHER AMOUNT            | \$<br>0   |
| REFUNDED TO YOU         | \$<br>0   |

# MAKE CHECK PAYABLE TO:

NOT APPLICABLE

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-SO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE NEW JERSEY DOR. DO NOT MAIL A COPY OF THE RETURN.

# **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM 8879-SO TO US BY NOVEMBER 15, 2023.

# **SPECIAL INSTRUCTIONS:**

Case 24-11395 Doc 1 Filed 06/19/24 Page 260 of 316

# CORPORATION BUSINESS TAX APPLICATION FOR EXTENSION OF TIME TO FILE WORKSHEET

**CBT-200-TC** 

# BEGINNING TAX YEAR 2016, YOU NEED TO PAY YOUR NEW JERSEY CORPORATION BUSINESS TAX ELECTRONICALLY

You need to pay the tax by one of these methods:

- 1. Electronic Check or Credit Card: Visit www.njtaxation.org and select "Make a Payment."
- 2. Electronic Funds Transfer (EFT): To register visit www.nj.gov/treasury/revenue/eft1.shtml

If you do not have access to the internet, call our Customer Service Center at 609-292-6400 to make a payment.

# **RETURN MUST BE FILED ONLINE OR E-FILED.** This form cannot be paper filed - this copy is for informational purposes only.

| Corporation Business Tax Application for Extension of Time to File Worksheet |
|------------------------------------------------------------------------------|
| CBT-200-TC                                                                   |

| 2222                                        | Beginning $01/01/2022$ and e                      | nding | 12/31/2022 |
|---------------------------------------------|---------------------------------------------------|-------|------------|
| 2022<br>***-***-***/*** QLES<br>QLESS, INC. |                                                   |       |            |
| 21 MILLER ALLEY, SUITE 210                  |                                                   |       |            |
| PASADENA, CA 91105                          | 1. Estimated Corporation Business Tax             | 1.    | 1500.00    |
|                                             | 2. Installment Payment (50% of Line 1)            | 2.    | •00        |
|                                             | 3. Key Corporation AMA                            | 3.    | •00        |
| Payments should be made electronically.     | 4. Tentative Profession Corporation Fee           | 4.    | •00        |
|                                             | 5. Installment Payment for PC Fee (50% of Line 4) | 5.    | •00        |
|                                             | 6. Total Tax and Fee Due                          | 6.    | 1500.00    |
|                                             | 7. Less Payments to date                          | 7.    | 750.00     |
|                                             | 8. Balance Due (Line 6 minus Line 7)              | 8.    | 750.00     |

2022 · CBT-100 · Page 1 1019

| 2022           |
|----------------|
| <b>CBT-100</b> |

# New Jersey Corporation Business Tax Return For Tax Years Ending On or After July 31, 2022, Through June 30, 2023

Tax year beginning <u>JAN 1</u>, 2022 and ending <u>DEC 31</u>, 2022

| FEDERAL EMPLOYER I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | N.J. CORPORATION NUMBER 2711-5588-50                                                                                                                    | State and date of incorporat   | ion CA                  | 07 02 2009                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------|
| CORPORATION NAME<br>QLESS INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                                                                                                                                                         | Date authorized to do busine   |                         | Jersey 07022009                                                                                     |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                         | Federal business activity cod  | de 51                   | 3210                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                         | Corporation books are in the   |                         | NICK THOMAS                                                                                         |
| 21 MILLER AL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LEY SUITE             |                                                                                                                                                         | at 21 MILLER AL                |                         |                                                                                                     |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STATE                 | ZIP CODE                                                                                                                                                | Phone Number 4153              | 092787                  |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                         | Check if applicable (see instr | ructions):              |                                                                                                     |
| PASADENA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CA                    | 91105                                                                                                                                                   | Investment Company             | [                       | Professional Corporation                                                                            |
| Check applicable return<br>Enter Amended Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       | Amended<br>enter reason:                                                                                                                                | Real Estate Investmen          | t Trust [               | Regulated Invest. Company<br>Claiming P.L. 86-272                                                   |
| 1. Tax Base - Enter am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ount from line 4 of   | Schedule A, Part III                                                                                                                                    | I                              | 1.                      | 0 .                                                                                                 |
| 2. Amount of Tax - Mul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tiply line 1 by the a | applicable tax rate (see instructions                                                                                                                   | )                              |                         |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | lule A-3, Part I, line 30 (see instruct                                                                                                                 |                                |                         |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | om line 2                                                                                                                                               |                                | 4.                      | 0.                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | iply the amount on Schedule A, Pa                                                                                                                       |                                |                         | 0                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | licable surtax rate (see instructions                                                                                                                   |                                |                         | 0.                                                                                                  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       | Income Tax Credit from Form 329                                                                                                                         | , , ,                          |                         | ٥                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | for an Electric Electric                                                                                                                                |                                |                         | <u> </u>                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | from line 5a                                                                                                                                            | 1,000                          | 5c.                     | 0.                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | structions) <u>6a.</u><br>of line 4 <sub>or</sub> line 6a (see instructior                                                                              | ,                              |                         | 1,000.                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | ne 6b is \$500 or less (see instruction                                                                                                                 |                                |                         | 1,000                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | chedule PC, line 7)                                                                                                                                     |                                |                         | 0.                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | RPORATION FEES - Add lines 6b,                                                                                                                          |                                | ····                    | 1,000.                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | ons)                                                                                                                                                    |                                |                         | 1,500                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | behalf of taxpayer (include copies                                                                                                                      |                                |                         | _,                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | lule A-3, Part II, line 6 (see instruction                                                                                                              |                                |                         |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | nes 10a, 10b, and 10c                                                                                                                                   |                                |                         | 1,500.                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | than line 9, subtract line 10d from I                                                                                                                   |                                |                         |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | ons)                                                                                                                                                    |                                |                         |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | e 12                                                                                                                                                    |                                |                         |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       | r than the sum of line 9 and 12, ent                                                                                                                    |                                |                         | 500.                                                                                                |
| 15. Amount of line 14 to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | be Refunded           |                                                                                                                                                         |                                | 15.                     |                                                                                                     |
| 16. Amount of line 14 to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | be Credited to 20     | 23 Tax Return                                                                                                                                           |                                | 16.                     | 500.                                                                                                |
| 17. Amount of line 14 to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | be Credited to a C    | Combined Group and tax year to                                                                                                                          | Unitary ID Number              |                         |                                                                                                     |
| which it is to be app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | lied 2022             | or 2023                                                                                                                                                 | NU                             | 17.                     |                                                                                                     |
| LINE Completed. A<br>CULVII ACCION<br>By mark<br>expense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | corporate officer     | page 1, the Annual General Question<br>must sign and certify below:<br>to the left, I certify that the corpora<br>n any assets during the entire perion | ation did not conduct any busi |                         |                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (S                    | ignature of Corporate Officer)                                                                                                                          |                                |                         | (Title)                                                                                             |
| SIGNATURE AND<br>SIGNATURE AND<br>Set Fire And<br>Passed and<br>pas |                       | are that have examined this return<br>in issue, conto, an echoler<br>is the record, any echoler<br>is the program are any level as by                   | e paper filed                  | <b>BRANCE</b><br>-sthis | rms, and statements, and to the<br>10-1 (i), imust include copies<br>the target, the declaration is |
| e ERIFICA<br>e Instruction<br>from the first of th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | copy                  | STOLUTION                                                                                                                                               |                                |                         |                                                                                                     |
| (Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | (Signature of Individual Preparing F                                                                                                                    | , , ,                          | ress)                   | (Preparer's ID Number)                                                                              |
| (Name of Ta<br>266601 01-09-23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | x Preparer's Emplo    | COHNREZNICK LLI<br>Dyer) 707 WILSHIRE BI<br>LOS ANGELES, CA                                                                                             | LVD, STE 495 (Add              | ress)                   | 22-1478099<br>(Employer's ID Number                                                                 |
| 81011 147227                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0553984-0             | 1                                                                                                                                                       | .04030 QLESS, IN               | NC.                     | 05539                                                                                               |

|     |                                                                                                                                                                                                                                                                                                      | CBT-100 - Page 2 1019                 |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| ΝA  | ME AS SHOWN ON RETURN                                                                                                                                                                                                                                                                                | FEDERAL ID NUMBER                     |
| QI  | ESS, INC.                                                                                                                                                                                                                                                                                            | ***_***_***/***                       |
|     | INUAL GENERAL QUESTIONNAIRE (See Instructions)                                                                                                                                                                                                                                                       |                                       |
| P/  | <b>RT I</b> All taxpayers must answer the following questions. Riders must be provided where necessary.                                                                                                                                                                                              |                                       |
| 1.  | Type of business QUEUE MANAGEMENT S                                                                                                                                                                                                                                                                  |                                       |
|     | Principal products handled SOFTWARE PUBLISHER                                                                                                                                                                                                                                                        |                                       |
|     |                                                                                                                                                                                                                                                                                                      |                                       |
| 2.  | State the location of the actual seat of management or control of the corporation CALIFORNIA                                                                                                                                                                                                         |                                       |
| З.  | Did one or more other corporations own beneficially, or control, a majority of the stock of taxpayer corporation or did the same inter-                                                                                                                                                              | erests own                            |
|     | beneficially, or control, a majority of the stock of taxpayer corporation and of one or more other corporations?<br>Wes. Provide the name and FEIN of the controlled corporation, the name and FEIN of the controlling/parent corporation, and the percentage of st controlled. OR X No.             | le a rider indicating<br>ock owned or |
| 4.  | These questions must be answered by corporations with a controlling interest in certain commercial property.                                                                                                                                                                                         |                                       |
|     | a. During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in cerproperty? Yes. Answer question 4b below. OR X No.                                                                                                             | tain commercial                       |
|     | b. Was the CITT-1, Controlling Interest Transfer Tax, filed with the Division of Taxation?                                                                                                                                                                                                           |                                       |
|     | Yes. Provide a rider indicating the information and include a copy of the CITT-1 OR No. Provide a rider indicatir                                                                                                                                                                                    | ig the name and FEIN                  |
|     | of the transferee, the name and FEIN of the transferor, and the assessed value of the property.                                                                                                                                                                                                      |                                       |
| 5.  | Does this corporation own any Qualified Subchapter S Subsidiaries (QSSS)?                                                                                                                                                                                                                            |                                       |
|     | subsidiary, whether the subsidiary made a New Jersey QSSS election, and whether the activities of the subsidiary are included in the $\mathbf{X}$ No.                                                                                                                                                | iis return. OR                        |
| 6.  | If the taxpayer is a unitary subsidiary of a combined group filing a New Jersey combined return from which the taxpayer is exclude                                                                                                                                                                   |                                       |
|     | distribute dividends or deemed dividends in the current tax year?                                                                                                                                                                                                                                    | entity to which the                   |
|     | dividends were paid (deemed), the amount of dividends, and unitary ID number of the combined group. OR X No.                                                                                                                                                                                         |                                       |
| 7.  | Is the taxpayer an intangible holding company or is the taxpayer's income, directly or indirectly, from intangible property or related                                                                                                                                                               |                                       |
|     | that are deductible against the income of members of a combined group? Yes. Provide a rider indicating the names and ID                                                                                                                                                                              | numbers of the                        |
| 0   | combined group or the related members and detail the taxpayer's income that is deductible against their income. OR $[X]$ No. Is income from sources outside the United States included in taxable net income on Schedule A?                                                                          |                                       |
| 8.  | Yes X No NA                                                                                                                                                                                                                                                                                          |                                       |
|     | If yes, provide a rider indicating such items of gross income, the source, the deductions and the amount of foreign taxes paid. Enter on Schedule A, Part II, line 10, the difference between the net of such income and the amount of foreign taxes paid not previously deducted (include a rider). |                                       |
| 9.  | Does the taxpayer have related parties or affiliates that file combined returns in New Jersey? Yes. OR X No.                                                                                                                                                                                         |                                       |
| 10. | Does the taxpayer file as part of a group filing combined returns/reports in other states with corporations that either do not file New                                                                                                                                                              | v Jersey returns or                   |
|     | file separate New Jersey returns? 🗌 Yes. OR 🗴 No.                                                                                                                                                                                                                                                    |                                       |
| 11. | Is the taxpayer part of a group that files a New Jersey combined return, but is excluded from the combined return? Yes. P below. OR X No.                                                                                                                                                            | rovide information                    |
|     | Name of the managerial member of the combined group:                                                                                                                                                                                                                                                 |                                       |
| 12. | Has the taxpayer or the preparer completing this return on the taxpayer's behalf taken any uncertain tax positions when filing this return                                                                                                                                                           | eturn or their                        |
|     | federal tax return? Yes. Include a rider detailing the information. OR X No.<br>For more information see Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10, formerly FASB<br>Interpretation No. 48 (FIN 48).                                                |                                       |
| 13. | Does the taxpayer own or lease real or tangible property:                                                                                                                                                                                                                                            |                                       |
|     | a. In New Jersey? Yes. OR X No.                                                                                                                                                                                                                                                                      |                                       |
|     | b. Outside New Jersey? X Yes. Provide information below. OR No.                                                                                                                                                                                                                                      |                                       |
|     | List the states, political subdivisions, and foreign nations (as applicable): <u>CA, CO, IN, OR</u>                                                                                                                                                                                                  |                                       |
|     | What percentage of the taxpayer's worldwide property, real or tangible, is inside the United States? 100.0000%                                                                                                                                                                                       |                                       |
| 15. | Does the taxpayer have payroll:<br>a. In New Jersey? Yes. OR X No.                                                                                                                                                                                                                                   |                                       |
|     | b. Outside New Jersey? X Yes. Provide information below. OR No.                                                                                                                                                                                                                                      |                                       |
|     | List the states, political subdivisions, and foreign nations (as applicable): AZ, CA, CO, FL, GA, ID, IN, MA                                                                                                                                                                                         | , MN , MO , NC , OR , TX              |
| 16. | What percentage of the taxpayer's worldwide payroll is inside the United States? 100.000%                                                                                                                                                                                                            |                                       |
|     | Is 20% or more of either or both the taxpayer's property and payroll inside the United States? X Yes. OR No.                                                                                                                                                                                         |                                       |
| 18. | Does the taxpayer own a disregarded entity or utilize a disregarded entity of a related party? Yes. Include a rider with the e ID number. OR X No.                                                                                                                                                   | ntity's name and tax                  |
|     |                                                                                                                                                                                                                                                                                                      |                                       |

# Case 24-11395 Doc 1 Filed 06/19/24 Page 263 of 316

|                                                                                                                                                                                                             | 2022 -         | CBT-100 - Page 3  | 1019   |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|--------|--|--|
| NAME AS SHOWN ON RETURN                                                                                                                                                                                     |                | FEDERAL ID NUMBER |        |  |  |
| QLESS, INC.                                                                                                                                                                                                 |                | ***_***_*         | **/*** |  |  |
| ANNUAL GENERAL QUESTIONNAIRE (Continued)                                                                                                                                                                    |                |                   |        |  |  |
| PART II REGULATED INVESTMENT COMPANIES (Riders must be provided where r                                                                                                                                     | necessary)     |                   |        |  |  |
| <ol> <li>Is this taxpayer registered and regulated under the Federal Investment Company Act of 1940 (54 Stat. 789, as amended)? Yes. Provide information below (include rider if necessary). X</li> </ol>   |                |                   |        |  |  |
| Securities and Exchange Commission Informati                                                                                                                                                                | on             |                   |        |  |  |
| Registration Number                                                                                                                                                                                         | Registration [ | Date              |        |  |  |
| <b>IMPORTANT NOTE:</b> If the taxpayer's certificate under the Act was not obtained prior to the cor<br>if such authority was not continued during such entire period, then the taxpayer is not entitled to |                |                   |        |  |  |

2. Has the taxpayer satisfied the requirements of IRC § 852(a)? Yes OR  $\mathbf{X}$  No. If no, taxpayer cannot file as a Regulated Investment Company.

3. Every taxpayer seeking to report as a regulated investment company **MUST SUBMIT WITH THIS RETURN ITS PRINTED ANNUAL REPORT TO STOCKHOLDERS** for the period covered by this return together with all other stockholder reports issued by the company during such period.

2022 - CBT-100 - Page 4 **1019** 

FEDERAL ID NUMBER

# NAME AS SHOWN ON RETURN

QLESS, INC.

Schedule A

# \*\*\*\_\*\*\*\_\*\*\*/\*\*\* CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE INSTRUCTIONS) EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF THIS SCHEDULE

PART I - COMPUTATION OF ENTIRE NET INCOME (All data must match the federal pro forma or federal return, whichever is applicable.)

|     | Income                                                                                                 |     |             |
|-----|--------------------------------------------------------------------------------------------------------|-----|-------------|
| 1.  | a. Gross receipts or sales                                                                             | 1a. | 8,481,600.  |
|     | b. Less: Returns and allowances                                                                        | 1b. |             |
|     | c. Total - Subtract line 1b from line 1a                                                               | 1c. | 8,481,600.  |
| 2.  | Less: Cost of goods sold (from Schedule A-2, line 8)                                                   | 2.  | 2,772,090.  |
|     | Gross profit - Subtract line 2 from line 1c                                                            | 3.  | 5,709,510.  |
|     | a. Dividends                                                                                           | 4a. |             |
|     | b. Gross Foreign Derived Intangible Income (see instructions) (include copy of federal Form 8993)      | 4b. |             |
|     | c. Gross Global Intangible Low-Taxed Income (see instructions) (include copy of federal Form 8992)     | 4c. |             |
| 5.  | Interest                                                                                               | 5.  | 21,623.     |
| 6.  | Gross rents                                                                                            | 6.  |             |
| 7.  | Gross royalties                                                                                        | 7.  |             |
| 8.  | Capital gain net income (include a copy of federal Schedule D)                                         | 8.  |             |
| 9.  | Net gain or (loss) (from federal Form 4797, include a copy)                                            | 9.  |             |
| 10. |                                                                                                        | 10. | -164,649.   |
|     | Total Income - Add lines 3 through 10                                                                  | 11. | 5,566,484.  |
|     | Deductions                                                                                             |     |             |
| 12. | Compensation of officers (from Schedule F)                                                             | 12. | 535,448.    |
| 13. | Salaries and wages (less employment credits)                                                           | 13. | 2,933,941.  |
| 14. | Repairs (Do not include capital expenditures)                                                          | 14. |             |
| 15. | Bad debts                                                                                              | 15. |             |
|     | Rents                                                                                                  | 16. | 177,200.    |
|     | Taxes                                                                                                  | 17. | 370,207.    |
|     | Interest                                                                                               | 18. | 242,260.    |
| 19. | Charitable contributions                                                                               | 19. |             |
| 20. | Depreciation (from federal Form 4562, include a copy) less depreciation claimed elsewhere on return    | 20. | 37,803.     |
| 21. | Depletion                                                                                              | 21. |             |
| 22. | Advertising                                                                                            | 22. | 877,082.    |
| 23. | Pension, profit-sharing plans, etc.                                                                    | 23. |             |
|     | Employee benefit programs                                                                              | 24. | 441,280.    |
| 25. | Reserved for future use                                                                                | 25. |             |
| 26. | Other deductions (include schedule) SEE STATEMENT 2                                                    | 26. | 4,940,577.  |
|     | Total Deductions - Add lines 12 through 26                                                             | 27. | 10,555,798. |
| 28. | Taxable income before federal net operating loss deductions and federal special deductions -           |     |             |
|     | Subtract line 27 from line 11 (Must agree with line 28, page 1 of the Unconsolidated federal           |     |             |
|     | Form 1120, or the appropriate line of any other federal corporate return filed) (See instructions)     | 28. | -4,989,314. |
| PA  | RT II - NEW JERSEY MODIFICATIONS TO ENTIRE NET INCOME                                                  |     |             |
| 1.  | Taxable income/(loss) before federal net operating loss deductions and special deductions (from        |     |             |
|     | Schedule A, Part I, line 28)                                                                           | 1.  | -4,989,314. |
|     | Additions                                                                                              |     | _,,         |
| 2.  | Reserved for future use                                                                                | 2.  |             |
| 3.  | Other federally exempt income not included in line 1 (see instructions)                                | 3.  |             |
| 4.  | Interest on federal, state, municipal, and other obligations not included in line 1 (see instructions) | 4.  |             |
| 5.  | New Jersey State and other states' taxes deducted in line 1 (see instructions)                         | 5.  | 4,986.      |
| 6.  | Related party interest addback (from Schedule G, Part I)                                               | 6.  | · · · · ·   |
| 7.  | Related party interior dubuok (incline one dubuck (from Schedule G, Part II)                           | 7.  |             |
| 8.  | Reserved for future use                                                                                | 8.  |             |
| 9.  | Depreciation modification being added to income (from Schedule S)                                      | 9.  |             |
| 10. | Other additions. Explain on separate rider (see instructions)                                          | 10. |             |
|     | Taxable income/(loss) with additions - Add line 1 through line 10 and enter the total                  | 11. | -4,984,328. |
|     |                                                                                                        |     |             |

266602 01-09-23

18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.

4

|     |                                                                                                                                    | 202         | 2 - CBT-100 - Page 5 <b>1019</b> |
|-----|------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------|
| NAM | EAS SHOWN ON RETURN                                                                                                                |             | FEDERAL ID NUMBER                |
| OLE | SS, INC.                                                                                                                           |             | ***_***_***/***                  |
|     | edule A CALCULATION OF NEW JERSEY TAXABLE NET INCOME (SEE                                                                          | NSTRUCTIO   | ONS)                             |
| 001 | EVERY CORPORATION MUST COMPLETE PARTS I, II, AND III OF                                                                            | THIS SCHE   | DULE                             |
| -   | Deductions                                                                                                                         | <del></del> |                                  |
| 12. | Depreciation modification being subtracted from income (from Schedule S)                                                           | 12.         |                                  |
| 13. | Previously Taxed Dividends (from Schedule PT)                                                                                      | 13.         |                                  |
| 14. | a. Enter the I.R.C. § 250(a) deduction amount allowed federally for GILTI if GILTI income is<br>included on line 1                 | 14a.        |                                  |
|     | <ul> <li>Enter the I.R.C. § 250(a) deduction amount allowed federally for FDII if FDII income is<br/>included on line 1</li> </ul> | 14b.        |                                  |
|     | c. Net GILTI previously taxed by New Jersey not deducted or excluded elsewhere                                                     | 14c.        |                                  |
| 15. | I.R.C. § 78 Gross-up included in line 1 (do not include dividends that were excluded/deducted elsewhere)                           | 15.         |                                  |
| 16. | Reserved for future use                                                                                                            | 16.         |                                  |
|     | a. Elimination of nonoperational activity (from Schedule O, Part I)                                                                | 17a.        |                                  |
|     | b. Elimination of nonunitary partnership income/loss (from Schedule P-1, Part II, line 4)                                          | 17b.        |                                  |
| 18. | Other deductions. Explain on separate rider (see instructions)                                                                     | 18.         |                                  |
|     | Total deductions - Add line 12 through line 18 and enter the total                                                                 | 19.         |                                  |
|     | Taxable Net Income/(Loss) Calculation                                                                                              |             |                                  |
| 20. | Entire Net Income/(Loss) Subtotal - Subtract line 19 from line 11                                                                  | 20.         | -4,984,328.                      |
| 21. | Allocation factor from Sch J (if all receipts were derived from only New Jersey sources, enter 1.000000)                           | 21.         | .054466                          |
| 22. | Allocated entire net income/(loss) before net operating loss deductions and dividend exclusion                                     |             |                                  |
|     | Multiply line 20 by line 21 and enter the result here (if zero or less, enter zero on line 29)                                     | 22.         | -271,476.                        |
| 23. | Prior year net operating loss (PNOL) deduction (from Form 500, Section A) (Amount entered                                          |             |                                  |
|     | cannot be more than amount on line 22)                                                                                             | 23.         |                                  |
| 24. | Allocated entire net income before post allocation net operating loss deduction - Subtract line                                    |             |                                  |
|     | 23 from line 22 (If zero or less, enter zero here and on line 29)                                                                  | 24.         | 0.                               |
| 25. | Post allocation net operating loss (NOL) deduction (from Form 500, Section B) (Amount entered                                      |             |                                  |
|     | cannot be more than amount on line 24)                                                                                             | 25.         |                                  |
| 26. | Allocated entire net income before allocated dividend exclusion - Subtract line 25 from line 24                                    |             |                                  |
|     | (If zero or less, enter zero here and on line 29)                                                                                  | 26.         | 0.                               |
| 27. | Allocated Dividend Exclusion (from Schedule R) (see instructions)                                                                  | 27.         |                                  |
| 28. | Reserved for future use                                                                                                            | 28.         |                                  |
| 29. | Taxable net income - Subtract line 27 from line 26                                                                                 | 29.         | 0.                               |
|     | Did the taxpayer have any discharge of indebtedness excluded from federal taxable income                                           |             |                                  |
|     | in the current tax year pursuant to subparagraph (A), (B), or (C) of paragraph (1) of                                              |             |                                  |
|     | subsection (a) of IRC § 108 Yes. See instructions for Form 500. OR X No.                                                           |             |                                  |
| PAR | T III - COMPUTATION OF NEW JERSEY TAX BASE                                                                                         |             |                                  |
| 1.  | Enter taxable net income from Schedule A, Part II, line 29                                                                         | 1.          | 0.                               |
| 2.  |                                                                                                                                    | 2a.         |                                  |
|     | b. Real Estate Investment Trust - Enter 4% of line 1                                                                               | 2b.         |                                  |
|     | c. All Others - Enter the amount from line 1                                                                                       | 2c.         | 0.                               |

За.

Зb.

4.

3. a. New Jersey Nonoperational Income (from Schedule O, Part III) (if zero or less, enter zero) ...

4. Tax Base - Add lines 3a and 3b to line 2a, 2b, or 2c, whichever is applicable. Enter total here and

on line 1, page 1

b. Nonunitary Partnership Income (from Schedule P-1, Part II, line 5) (if zero or less, enter zero)

0.

|                       |                                                                             | 202   | 2 - CBT-100 - Page 6 <b>1019</b> |
|-----------------------|-----------------------------------------------------------------------------|-------|----------------------------------|
| NAME AS SHOWN O       | N RETURN                                                                    |       | FEDERAL ID NUMBER                |
|                       |                                                                             |       |                                  |
| QLESS, INC.           | ***_***_***/***                                                             |       |                                  |
| Schedule A-2          | COST OF GOODS SOLD (See Instructions) All data must match amoun             | -     | n federal                        |
|                       | Form 1125-A of the federal pro forma or federal return, whichever is applic |       |                                  |
|                       | inning of year                                                              | -     |                                  |
|                       |                                                                             |       | 1 025 257                        |
|                       |                                                                             |       | 1,025,357.                       |
| 4. Additional section | on 263A costs                                                               |       | 1 746 722                        |
|                       | ude schedule) SEE STATEMENT 3                                               | . 5.  | <u>1,746,733</u> .<br>2,772,090. |
|                       | 1 through 5                                                                 |       | 2,112,090.                       |
| 7. Inventory at end   |                                                                             | 7.    |                                  |
|                       | old - Subtract line 7 from line 6. Include here and on Schedule A, Part I,  |       | 2,772,090.                       |
| line 2                |                                                                             | 8.    | 2,112,090.                       |
| Schedule A-3          | SUMMARY OF TAX CREDITS (See Instructions)                                   |       |                                  |
| PART I - Tax Credits  | s Used Against Liability                                                    |       |                                  |
|                       | tment Tax Credit from Form 304                                              | . 1.  |                                  |
|                       | ax Credit from Form 321                                                     |       |                                  |
|                       | yment Incentive Program Tax Credit from Form 324                            | _     |                                  |
| 4. Pass-Through B     | usiness Alternative Income Tax Credit from Form 329                         | . 4.  |                                  |
| _ EITHER:             | a) Urban Enterprise Zone Employee Tax Credit from Form 300                  |       |                                  |
| 5. OR                 | b) Urban Enterprise Zone Investment Tax Credit from Form 301                | . 5.  |                                  |
| 6. Redevelopment      | Authority Project Tax Credit from Form 302                                  | 6.    |                                  |
| 7. Manufacturing E    | quipment and Employment Investment Tax Credit from Form 305                 |       |                                  |
| 8. Research and D     | evelopment Tax Credit from Form 306                                         | . 8.  |                                  |
| 9. Neighborhood R     | Revitalization State Tax Credit from Form 311                               | 9.    |                                  |
| 10. Effluent Equipme  | ent Tax Credit from Form 312                                                | . 10. |                                  |
| 11. Economic Recov    | very Tax Credit from Form 313                                               | . 11. |                                  |
| 12. AMA Tax Credit    | from Form 315                                                               | 12.   |                                  |
| 13. Business Retent   | ion and Relocation Tax Credit from Form 316                                 | . 13. |                                  |
| 14. Sheltered Works   | shop Tax Credit from Form 317                                               | . 14. |                                  |
| 15. Film Production   | Tax Credit from Form 318                                                    | . 15. |                                  |
| 16. Urban Transit Hu  | ub Tax Credit from Form 319                                                 | . 16. |                                  |
| 17. Grow NJ Tax Cr    | edit from Form 320                                                          | . 17. |                                  |
| 18. Wind Energy Fac   | cility Tax Credit from Form 322                                             | . 18. |                                  |
| 19. Residential Ecor  | nomic Redevelopment and Growth Tax Credit from Form 323                     | . 19. |                                  |
| 20. Public Infrastruc | ture Tax Credit from Form 325                                               | . 20. |                                  |
| 21. Reserved for fut  | ure use                                                                     | 21.   |                                  |
| 22. Film and Digital  | Media Tax Credit from Form 327                                              | . 22. |                                  |
| 23. Tax Credit for Er | nployers of Employees With Impairments from Form 328                        | . 23. |                                  |
| 24. Apprenticeship I  | Program Tax Credit from Form 330                                            | . 24. |                                  |
| 25. Tax Credit for Er | nployer of Organ/Bone Marrow Donor from Form 331                            | . 25. |                                  |
| 26. Tiered Subsidiar  | y Dividend Pyramid Tax Credit from Form 332                                 | . 26. |                                  |
|                       | green Fund Tax Credit from Form 334                                         |       |                                  |
| 28. Unit Concrete P   | roducts Tax Credit from Form 335                                            | . 28. |                                  |
| 29. Other Tax Credit  | t (see instructions)                                                        | . 29. |                                  |
|                       | - Add lines 1 through 29. Enter here and on page 1, line 3                  | 30.   |                                  |
| PART II - Refundable  |                                                                             |       |                                  |
|                       | ion of New Jobs Investment Tax Credit from Form 304                         |       |                                  |
|                       | ion of Angel Investor Tax Credit from Form 321                              |       |                                  |
|                       | ion of Business Employment Incentive Program Tax Credit from Form 324       |       |                                  |
|                       | ion Pass-Through Business Alternative Income Tax Credit from Form 329       | _     |                                  |
| 5. Other Tax Credit   |                                                                             |       |                                  |
| 6. Lotal amount of    | tax credits to be refunded. Enter here and on page 1, line 10c              | 6.    |                                  |

# Case 24-11395 Doc 1 Filed 06/19/24 Page 267 of 316

NAME AS SHOWN ON RETURN

| 2022 - CBT-100 - Page 7 | 10 | 15 |
|-------------------------|----|----|
|-------------------------|----|----|

# 

| FEDERAL ID NUMBER |
|-------------------|
| ***_***_***/***   |

# QLESS, INC.

| Schedule A-4 SUMM                                 | IARY     | SCHEDULE (See Inst         | truction | s)              |              |              |              |                         |
|---------------------------------------------------|----------|----------------------------|----------|-----------------|--------------|--------------|--------------|-------------------------|
| PNOL Deduction and Carryover                      |          |                            |          | Net Opera       | tional Inc   | ome Infor    | mation       |                         |
| 1. Form 500, Section A, line 5 minus line 7       | 1.       | 150,                       | 766.     | 8. Schedul      | e O, Part    | III, line 31 |              | 8. 0                    |
| NOL Deduction and Carryover                       |          |                            |          | Dividend E      |              |              |              |                         |
| 2. Form 500, Section B, line 6 minus line 8       | 3 2.     | 287,                       | 773.     | 9. Schedu       | ule R, line  | 7            |              | 9. 0                    |
| Interest and Intangible Costs and Expenses        |          |                            |          |                 |              |              |              |                         |
| 3. Schedule G, Part I, line b                     | 3.       |                            | 0.       | 10. Schedu      | ule R, line  | 9            |              | 10. 0                   |
|                                                   |          |                            |          |                 |              |              |              |                         |
| 4. Schedule G, Part II, line b                    | 4.       |                            | 0.       | 11. Schedu      | ule R, line  | 11           |              | 11. 0                   |
| Schedule J Information                            |          |                            |          | Schedule I      | P Informa    | tion         |              |                         |
| 5. Schedule J, line 1f                            | 5.       | 463,                       | 138.     | 12. Schedul     | e P, Part I  | III, line 1  |              | 12. 0                   |
|                                                   |          |                            |          |                 |              |              |              |                         |
| 6. Schedule J, line 1g                            | 6.       | 8,503,                     | 223.     | 13. Schedu      | e P, Part I  | III, line 2  |              | 13. 0                   |
|                                                   |          |                            |          |                 |              |              |              |                         |
| 7. Schedule J, line 1h                            | 7.       | .0544                      | 66       |                 |              |              |              |                         |
| Schedule F CORPORATE                              | OFFI     | CERS - GENERAL INI         | FORMA    | TION AND C      | OMPENS       | SATION (S    | ee Instru    | ctions)                 |
| Data must match                                   | amou     | ints reported on federal F | orm 1128 | 5-E of the fede | ral pro form | na or federa | l return, wl | hichever is applicable. |
|                                                   |          |                            |          | (4              | 4)           | (!           | 5)           |                         |
| (1)                                               |          | (2)                        | (3)      | Dates Er        | mployed      | Percentage   | of Corpora-  | (6)                     |
| Name and Current Address of Officer               | So       | cial Security Number       | Title    | in this p       | position     | tion Stoc    | k Owned      | Amount of Compensation  |
|                                                   |          |                            |          | From            | То           | Common       | Preferred    | ł                       |
| SEE STATEMENT 4                                   |          |                            |          |                 |              |              |              |                         |
|                                                   |          |                            |          |                 |              |              |              |                         |
|                                                   |          |                            |          |                 |              |              |              |                         |
|                                                   | $\bot$   |                            |          |                 |              |              |              |                         |
|                                                   | $\bot$   |                            |          |                 |              |              |              |                         |
|                                                   | $\bot$   |                            |          |                 |              |              |              |                         |
| a. Total compensation of officers                 | <u> </u> |                            |          |                 |              |              |              | 535,448                 |
|                                                   |          | whore on the return        |          |                 |              |              |              | 555,440                 |
| <li>b. Less: Compensation of officers claime</li> | u eise   | ewnere on the return       |          |                 |              |              |              |                         |

# Case 24-11395 Doc 1 Filed 06/19/24 Page 268 of 316

QLESS, INC.

Schedule G

# Part I - Interest (See Instructions)

| Part I - Interest (See Instructions)                                                                                                                     |                   |                          |   |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|---|--|--|--|--|--|
| Was interest paid, accrued, or incurred to a related member(s) deducted from entire net income? $\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$ |                   |                          |   |  |  |  |  |  |
| Name of Related Member                                                                                                                                   | Federal ID Number | Relationship to Taxpayer |   |  |  |  |  |  |
|                                                                                                                                                          |                   |                          |   |  |  |  |  |  |
|                                                                                                                                                          |                   |                          |   |  |  |  |  |  |
|                                                                                                                                                          |                   |                          |   |  |  |  |  |  |
|                                                                                                                                                          |                   |                          |   |  |  |  |  |  |
| a. Total amount of interest deducted                                                                                                                     |                   |                          |   |  |  |  |  |  |
| b. Subtract: Exceptions (see instructions)                                                                                                               |                   |                          | ( |  |  |  |  |  |
|                                                                                                                                                          |                   |                          |   |  |  |  |  |  |

c. Related Party Interest Expenses Disallowed for New Jersey Purposes (include here and on Schedule A,

# Part II, line 6)

#### Part II - Interest Expenses and Costs and Intangible Expenses and Costs (See instr.)

1. Were intangible expenses and costs, including intangible interest expenses and costs, paid, accrued or incurred to related members, deducted from entire net income? Yes. Fill out the following schedule.

|      | Name of Related Member                                                                                  | Federal ID Number | Relationship to Taxpayer | Type of Intangible<br>Expense Deducted | Amounts |  |  |  |
|------|---------------------------------------------------------------------------------------------------------|-------------------|--------------------------|----------------------------------------|---------|--|--|--|
|      |                                                                                                         |                   |                          |                                        |         |  |  |  |
|      |                                                                                                         |                   |                          |                                        |         |  |  |  |
|      |                                                                                                         |                   |                          |                                        |         |  |  |  |
|      |                                                                                                         |                   |                          |                                        |         |  |  |  |
| a. 1 |                                                                                                         |                   |                          |                                        |         |  |  |  |
| b. 8 | b. Subtract: Exceptions (see instructions)                                                              |                   |                          |                                        |         |  |  |  |
| C F  | c Related Party Intangible Expenses and Costs addback (include here and on Schedule A. Part II. line 7) |                   |                          |                                        |         |  |  |  |

**NOTE:** For tax years beginning on or after January 1, 2018, the treaty exceptions have been limited pursuant to P.L. 2018, c. 48. See Schedule G-2 instructions for more information.

266621 01-09-23

2022 - CBT-100 - Page 8 1019

FEDERAL ID NUMBER

\*\*\*\_\*\*\*\_\*\*\*/\*\*\*

Amounts

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

#### **...**

| QLESS, INC.               |                       |                                                   |                                                       |                          |                                      | ***_**                                            | *_***/***    |
|---------------------------|-----------------------|---------------------------------------------------|-------------------------------------------------------|--------------------------|--------------------------------------|---------------------------------------------------|--------------|
| Schedule H                | TAXES (See In         | structions)                                       |                                                       |                          |                                      |                                                   |              |
|                           | Include all taxe      | s paid or accrued d                               | uring the accounti                                    | ng period whereve        | er deducted on Sch                   | edule A.                                          |              |
|                           |                       | (a)<br>Corporation<br>Franchise<br>Business Taxes | (b)<br>Corporation<br>Business/<br>Occupancy<br>Taxes | (c)<br>Property<br>Taxes | (d)<br>U.C.C. or<br>Payroll<br>Taxes | (e)<br>Other Taxes/<br>Licenses<br>(include sch.) | (f)<br>Total |
| 1. New Jersey Taxe        | S                     | 750                                               |                                                       |                          |                                      |                                                   | 750          |
| 2. Other States & U       | .S. Possessions       | 4,236                                             |                                                       |                          |                                      |                                                   | 4,236        |
| 3. City and Local Ta      | axes                  |                                                   |                                                       |                          |                                      |                                                   |              |
| 4. Taxes Paid to Fo       | reign Countries *     |                                                   |                                                       |                          |                                      |                                                   |              |
| 5. Total                  |                       | 4,986                                             |                                                       |                          |                                      |                                                   | 4,986        |
| 6. Combine lines 5(       | a) and 5(b)           |                                                   | 4,986                                                 |                          |                                      |                                                   |              |
| 7. Sales & Use Taxes Paie | d by a Utility Vendor |                                                   |                                                       |                          |                                      |                                                   |              |
| 8. Add lines 6 and 7      | 7                     |                                                   | 4,986                                                 |                          |                                      |                                                   |              |
| 9. Federal Taxes          |                       |                                                   |                                                       |                          | 338,504                              | 24,336                                            | 362,840      |
| 10. Total (Combine li     | ne 5 and line 9)      | 4,986                                             |                                                       |                          | 338,504                              | 24,336                                            | 367,826      |

\* Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof. STMT 5

#### Schedule J

**COMPUTATION OF ALLOCATION FACTOR (See Instructions)** 

All taxpayers, regardless of entire net income reported on Schedule A, Part II, line 20, Form CBT-100, must complete Schedule J.

For tax years ending on and after July 31, 2019, services are sourced based on market sourcing, not cost of performance.

| 1. | Re  | ceipts:                                                                                                             | A        | MOUNTS (omit cents)        |
|----|-----|---------------------------------------------------------------------------------------------------------------------|----------|----------------------------|
|    | a.  | From sales of tangible personal property shipped to points within New Jersey                                        | a.       |                            |
|    | b.  | From services if the benefit of the service is received in New Jersey                                               | b.       | 463,138.                   |
|    | c.  | From rentals of property situated in New Jersey                                                                     | c.       |                            |
|    | d.  | From royalties for the use in New Jersey of patents, copyrights, and trademarks                                     | d.       |                            |
|    | e.  | All other business receipts earned in New Jersey (See instructions)                                                 | e.       |                            |
|    | f.  | Total New Jersey receipts (Total of lines 1a to 1e, inclusive)                                                      | f.       | 463,138.                   |
|    | g.  | Total receipts from all sales, services, rentals, royalties, and other business transactions everywhere             | g.       | 8,503,223.                 |
|    | h.  | Allocation Factor (Percentage in New Jersey) (Line 1f divided by line 1g). Carry the fraction 6 decimal             |          |                            |
|    |     | places. Do not express as a percent. Include here and on Schedule A, Part II, line 21                               | h.       | .054466                    |
| NO | TE: | Include the GILTI and the receipts attributable to the FDII, net of the respective allowable IRC § 250(a) deduction | ns, in t | the allocation factor. The |

net amount of GILTI (i.e., the GILTI reduced by the I.R.C. §250(a) GILTI deduction) and the net FDII (i.e., the receipts attributable to the FDII reduced by the I.R.C. § 250(a) FDII deduction) amounts are included in the numerator (if applicable) and the denominator.

# Case 24-11395 Doc 1 Filed 06/19/24 Page 270 of 316

2022 CBT-100 Page 10 1019

| NAME AS SHOWN ON RETURN |
|-------------------------|
|-------------------------|

QLESS, INC.

#### FEDERAL ID NUMBER

\*\*\*\_\*\*\*\_\*\*\*/\*\*\*

Schedule P-1

#### PARTNERSHIP INVESTMENT ANALYSIS (See Instructions)

| Part I  | - Partnership   | Information                     |                |                  |         |         |                  |                   |             |       |                                       |
|---------|-----------------|---------------------------------|----------------|------------------|---------|---------|------------------|-------------------|-------------|-------|---------------------------------------|
| Dart    |                 | (1)<br>Other Entity Information | (2)            | (3)              |         | 4)      | ;)<br>Tax Accoun | 5)<br>ting Method | (6<br>Ne    | w     | (7)<br>Tax Payments Made on           |
| Fait    |                 | -                               | State where    |                  | Limited | General | Flow             | Separate          | Jers<br>Nex |       | Behalf of Taxpayer<br>by Partnerships |
|         | Name            | Federal ID Number               | Organized      | Ownership        | Partner | Partner | Through          | Accounting*       | Yes         | No    | by randompo                           |
|         |                 |                                 |                |                  |         |         |                  |                   |             |       |                                       |
|         |                 |                                 |                |                  |         |         |                  |                   |             |       |                                       |
|         |                 |                                 |                |                  |         |         |                  |                   |             |       |                                       |
|         |                 |                                 |                |                  |         |         |                  |                   |             |       |                                       |
|         |                 |                                 |                |                  |         |         |                  |                   |             |       |                                       |
| Enter   | otal of column  | 7 here and on page 1,           | line 10b       |                  |         |         |                  |                   |             |       |                                       |
| *Taxpa  | ayers using a s | eparate accounting me           | thod must co   | mplete Part      | II.     |         |                  |                   |             |       |                                       |
| Part II | - Separate Ad   | counting of Nonunita            | ry Partnersh   | ip Income        |         | -       |                  |                   |             |       |                                       |
|         |                 | (1)                             |                | (2)              |         |         | (3)              |                   |             |       | (4)                                   |
|         |                 |                                 |                |                  |         |         |                  |                   |             | Та    | xpayer's Share of Income              |
|         | Nonunita        | ry Partnership's                | Distributive S | Share of Inco    | me/Loss | Partner | ship's Alloca    | ation Factor      |             | /     | Allocated to New Jersey               |
|         | Feder           | al ID Number                    | from Nonu      | unitary Partn    | ership  | (       | See Instruct     | ions)             | (           | (Mult | tiply Column 2 by Column 3)           |
| 1.      |                 |                                 |                |                  |         |         |                  |                   |             |       |                                       |
| 2.      |                 |                                 |                |                  |         |         |                  |                   |             |       |                                       |
| 3.      |                 |                                 |                |                  |         |         |                  |                   |             |       |                                       |
| 4.      | Total column    | 2. Enter amount here            | and Schedule   | e A, Part II, li | ne 17b  |         |                  |                   |             |       |                                       |
| 5.      | Total column    | 4. Enter amount here            | and Schedule   | e A, Part III, I | ine 3b  |         |                  |                   |             |       |                                       |
| If ad   | ditional space  | is needed include a rid         | ler            |                  |         |         |                  |                   |             |       |                                       |

Schedule PC

#### PER CAPITA LICENSED PROFESSIONAL FEE (See Instructions)

| 1. | 1. Is the corporation a Professional Corporation (PC) formed pursuan | ant to N.J.S.A. 14A:17-1 et seq. or any similar law from a possession or territory |
|----|----------------------------------------------------------------------|------------------------------------------------------------------------------------|
|    | of the United States, a state, or political subdivision thereof?     | Yes. This schedule must be included with the return. X No.                         |
| -  |                                                                      |                                                                                    |

| E. 110111 | nany neensed pr | otessionais are owners, share | noidera | s, and/or employ | yees nom t | 1131101633101181   | oorporation (i c     | <i>j</i> as of the | mot day c   |        |
|-----------|-----------------|-------------------------------|---------|------------------|------------|--------------------|----------------------|--------------------|-------------|--------|
| privilec  | ge period?      | 2 or less, complete Part I.   |         | More than 2,     | complete F | Part I and Part II | (if additional space | e is needed,       | include a r | ider). |

| Part | I - Provide the following information for each of the     | licensed professionals in the PC. Include a ride | r if additional spac | e is needed. |
|------|-----------------------------------------------------------|--------------------------------------------------|----------------------|--------------|
|      | Name                                                      | Address                                          |                      | FID/SSN      |
| 1.   |                                                           |                                                  |                      |              |
| 2.   |                                                           |                                                  |                      |              |
| 3.   |                                                           |                                                  |                      |              |
| 4.   |                                                           |                                                  |                      |              |
| 5.   |                                                           |                                                  |                      |              |
| Part | II - Complete only if there are more than 2 licensed      | professional listed above.                       |                      |              |
| 1.   | Enter number of resident and nonresident profession       | als with physical nexus with                     |                      |              |
|      | New Jersey x \$150                                        |                                                  | 1.                   |              |
| 2.   | Enter number of nonresident professionals without pl      | hysical nexus with                               |                      |              |
|      | New Jersey x \$150 x allocation factor                    | of the PC                                        | 2.                   |              |
| З.   | Total Fee Due - Add line 1 and line 2                     |                                                  | 3.                   |              |
| 4.   | Installment Payment - 50% of line 3                       |                                                  | 4.                   |              |
| 5.   | Total Fee Due (line 3 plus line 4)                        |                                                  | 5.                   |              |
| 6.   | Less prior year 50% installment payment and credit (i     | f applicable)                                    | 6. (                 | )            |
| 7.   | Balance of Fee Due (line 5 minus line 6). If the result i | s zero or more, include the amount here          |                      |              |
|      | and on Form CBT-100, page 1, line 8                       |                                                  | 7.                   |              |
| 8.   | Credit to next year's Professional Corporation Fee (if    | line 7 is less than zero, enter the              |                      |              |
|      | amount here)                                              |                                                  | 8.                   |              |

# Case 24-11395 Doc 1 Filed 06/19/24 Page 271 of 316

|                                   |                                                                                                                                                                          |               |                     | 2022 - CI             | BT-100 - Page 11 <b>1019</b>                                  |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|-----------------------|---------------------------------------------------------------|
| NAME AS SHOWN ON                  | RETURN                                                                                                                                                                   |               |                     |                       | FEDERAL ID NUMBER                                             |
| QLESS, INC.                       |                                                                                                                                                                          |               |                     |                       | ***_***_***/***                                               |
| Schedule P                        | SUBSIDIARY INVESTME                                                                                                                                                      | ENT ANALYS    | SIS (See Instr      | uctions)              |                                                               |
| of all other cla<br>advances to s | ust hold 80% of the combined voting power of all cl<br>asses of stock, except non-voting stock which is lin<br>subsidiaries in book value. <b>Do not include any pre</b> | nited and pre | eferred as to d     | ividends, for each su | bsidiary. Do not include                                      |
| PART I DOMESTIC S                 |                                                                                                                                                                          | (             | 2)                  | (3)                   | (4)                                                           |
|                                   | (1)                                                                                                                                                                      |               | e of Interest       | Book Value            | Domestic Dividend Income                                      |
| Federal ID Number                 | Name of Subsidiary                                                                                                                                                       | (a) Voting    | (b) Non-Voting      |                       | (as reported on Schedule A)                                   |
|                                   |                                                                                                                                                                          |               |                     |                       |                                                               |
|                                   |                                                                                                                                                                          |               |                     |                       |                                                               |
|                                   |                                                                                                                                                                          |               |                     |                       |                                                               |
| Totals                            | •                                                                                                                                                                        | •             |                     |                       |                                                               |
| PART II FOREIGN SU                | IBSIDIARY                                                                                                                                                                |               |                     |                       |                                                               |
| Federal ID Number                 | (1)<br>Name of Subsidiary                                                                                                                                                | Percentage    | 2)<br>e of Interest | (3)<br>Book Value     | (4)<br>Foreign Dividend Income<br>(as reported on Schedule A) |
|                                   |                                                                                                                                                                          | (a) Voting    | (b) Non-Voting      |                       |                                                               |
|                                   |                                                                                                                                                                          |               |                     |                       |                                                               |
|                                   |                                                                                                                                                                          |               |                     |                       |                                                               |
| Totals                            | •                                                                                                                                                                        | ·····         |                     |                       |                                                               |
| PART III TOTAL OF 80              | 0% OR MORE OWNED SUBSIDIARY DIVIDENDS                                                                                                                                    |               |                     |                       |                                                               |
| 1. Enter total from Par           | t I, column 4 (include here and on Schedule A-4)                                                                                                                         |               |                     |                       | 1.                                                            |

| 2. Enter total from Part II, column 4 (include here and on Schedule A-4) | 2. |
|--------------------------------------------------------------------------|----|
| 3. Total dividends. Add lines 1 and 2 (include here and on Schedule R)   | 3. |

# Schedule R DIVIDEND EXCLUSION (See Instructions)

| 1.  | Enter the total dividends and deemed dividends reported on Schedule A                                        | 1.  |     |
|-----|--------------------------------------------------------------------------------------------------------------|-----|-----|
| 2.  | Enter amount from Schedule PT, Section D, line 3                                                             | 2.  |     |
|     | Dividends eligible for dividend exclusion - Subtract line 2 from line 1                                      | 3.  |     |
| 4.  | Enter amount from Schedule P, Part III, line 3                                                               | 4.  |     |
| 5.  | Multiply line 4 by .95                                                                                       | 5.  |     |
| 6.  | Subtract line 4 from line 3                                                                                  | 6.  |     |
| 7.  | Dividend income from investments where taxpayer owns less than 50% of voting                                 |     |     |
|     | stock and less than 50% of all other classes of stock (do not incl. amounts subtracted on line 2)            | 7.  | ( ) |
| 8.  | Subtract line 7 from line 6                                                                                  | 8.  |     |
| 9.  | Multiply line 8 by 50%                                                                                       | 9.  |     |
| 10. | Reserved for future use                                                                                      | 10. |     |
| 11. | DIVIDEND EXCLUSION: Add lines 5 and 9                                                                        | 11. |     |
| 12. | Allocation factor from current Schedule J (if all receipts are derived from only NJ sources, enter 1.000000) | 12. |     |
| 13. | ALLOCATED DIVIDEND EXCLUSION: Multiply line 11 by line 12 (include here and on Schedule A, Part II, line 27) | 13. |     |
|     |                                                                                                              |     |     |

# Case 24-11395 Doc 1 Filed 06/19/24 Page 272 of 316

| NAME AS SHOWN ON RETURN |  |  |
|-------------------------|--|--|

2022 - CBT-100 - Page 12 **1019** 

| FEDERAL ID NUMBER |
|-------------------|
|-------------------|

\*\*\*\_\*\*\*\_\*\*\*/\*\*\*

QLESS, INC.

# Schedule S - Depreciation and Safe Harbor Leasing (See Instructions)

| Part I - From Federal Form 4562                                                                  |    |         |
|--------------------------------------------------------------------------------------------------|----|---------|
| 1. IRC § 179 Deduction                                                                           | 1. |         |
| 2. Special Depreciation Allowance - for qualified property placed in service during the tax year | 2. |         |
| 3. MACRS                                                                                         | 3. | 37,803. |
| 4. ACRS                                                                                          | 4. |         |
| 5. Other Depreciation                                                                            | 5. |         |
| 6. Listed Property                                                                               | 6. |         |
| 7. Total federal depreciation claimed in arriving at Schedule A, Part II, line 1                 | 7. | 37,803. |

#### Include Federal Form 4562 and Federal Depreciation Worksheet

| Modification at Schedule A, Part II, line 9 or line 12 - Depreciation and Certain Safe Harbor Lease T         | ransactio | ons     |
|---------------------------------------------------------------------------------------------------------------|-----------|---------|
| 8. Prior year New Jersey depreciation (see instructions)                                                      | 8.        | 16,245. |
| 9. Current year New Jersey depreciation (see instructions). Enter total from Depreciation Worksheet I         | 9.        | 21,558. |
| 10. Total New Jersey Depreciation. Add lines 8 and 9                                                          | 10.       | 37,803. |
| 11. Allowable New Jersey Section 179 deduction                                                                | 11.       |         |
| 12. Accumulated MACRS or bonus depreciation over accumulated New Jersey depreciation on physical              |           |         |
| disposal of recovery property. Enter total from Depreciation Worksheet II                                     | 12.       |         |
| 13. Other additions (include an explanation/reconciliation)                                                   | 13.       |         |
| 14. Other deductions (include an explanation/reconciliation)                                                  | 14.       |         |
| 15. ADJUSTMENT - Add lines 7 and 13. Subtract lines 10, 11, and 14. If line 12 is positive, subtract line 12  |           |         |
| to the result. If line 12 is negative, add line 12 from the result. (If line 15 is positive, enter at         |           |         |
| Schedule A, Part II, line 9. If line 15 is negative, enter at Schedule A, Part II, line 12)                   | 15.       |         |
| Part II - New Jersey Depreciation for Gas, Electric, and Gas and Electric Public Utilities (See Instructions) |           |         |
| 1. Total depreciation claimed in arriving at Schedule A, Part II, line 1                                      | 1.        |         |
| 2. Federal depreciation for assets placed in service after January 1, 1998                                    | 2.        |         |
| 3. Net - Subtract line 2 from line 1                                                                          | 3.        |         |
| 4. New Jersey depreciation allowable on the Single Asset Account (Assets placed in service prior to           |           |         |
| January 1, 1998)                                                                                              |           |         |
| a. Total adjusted federal depreciable basis as of December 31, 1997                                           | 4a.       |         |
| b. Excess book depreciable basis over federal tax basis as of December 31, 1997                               | 4b.       |         |
| c. Less accumulated federal basis for all Single Asset Account property sold, retired or disposed of to date  | 4c.       |         |
| d. Total (line 4a plus line 4b less line 4c)                                                                  | 4d.       |         |
| 5. New Jersey Depreciation - Divide line 4d by 30                                                             | 5.        |         |
| 6. New Jersey Adjustment                                                                                      |           |         |
| a. Depreciation adjustment for assets placed in service prior to Jan. 1, 1998 - Subtract line 5 from line 3   | 6a.       |         |
| b. Special bonus depreciation adjustment from Schedule S, Part I, line 15 (see instructions)                  | 6b.       |         |
| 7. Total Adjustment - Add lines 6a and 6b and enter the result. (If line 7 is positive, enter at Schedule A,  |           |         |
| Part II, line 9. If line 7 is negative, enter as a positive number at Schedule A, Part II, line 12)           | 7.        |         |

2022 - CBT-100 - Page 13 1019

# NAME AS SHOWN ON RETURN

# FEDERAL ID NUMBER

\*\*\*\_\*\*\*\_\*\*\*/\*\*\*

# QLESS, INC.

| Nev | v Jersey Depreciation Workshe     | et I (See instructio             | ns)                                          |                   |               |                                             |                                                                      |
|-----|-----------------------------------|----------------------------------|----------------------------------------------|-------------------|---------------|---------------------------------------------|----------------------------------------------------------------------|
|     | (A)<br>Classification of Property | (B)<br>Basis for<br>Depreciation | (C)<br>Bonus<br>Depreciation<br>(30% or 50%) | (D)<br>Convention | (E)<br>Method | (F)<br>Federal<br>Depreciation<br>Deduction | (G)<br>New Jersey<br>Depreciation<br>Deduction (See<br>Instructions) |
| 1.  | 3-year property                   |                                  |                                              |                   |               |                                             |                                                                      |
| 2.  | 5-year property                   | 99,623.                          |                                              | VARIOUS           | VARIOUS       | 19,931.                                     | 19,931.                                                              |
| 3.  | 7-year property                   | 11,383.                          |                                              | VARIOUS           | VARIOUS       | 1,627.                                      | 1,627.                                                               |
| 4.  | 10-year property                  |                                  |                                              |                   |               |                                             |                                                                      |
| 5.  | 15-year property                  |                                  |                                              |                   |               |                                             |                                                                      |
| 6.  | 20-year property                  |                                  |                                              |                   |               |                                             |                                                                      |
| 7.  | 25-year property                  |                                  |                                              |                   |               |                                             |                                                                      |
| 8.  | Residential rental property       |                                  |                                              |                   |               |                                             |                                                                      |
| 9.  | Nonesidential rental property     |                                  |                                              |                   |               |                                             |                                                                      |
| 10. | Total Column G (Enter amount      | on Schedule S, Parl              | t I, line 9)                                 |                   |               |                                             | 21,558.                                                              |

# New Jersey Depreciation Worksheet II - Disposal of Recovery Property (See Instructions)

| (A)<br>Description of Property | (B)<br>Date Acquired:<br>month, day, year | (C)<br>Date Sold:<br>month, day, year | (D)<br>Federal<br>Depreciation | (E)<br>New Jersey<br>Depreciation | (F)<br>Excess/Deficiency |
|--------------------------------|-------------------------------------------|---------------------------------------|--------------------------------|-----------------------------------|--------------------------|
| 1.                             |                                           |                                       |                                |                                   |                          |
| 2.                             |                                           |                                       |                                |                                   |                          |
| 3.                             |                                           |                                       |                                |                                   |                          |
| 4.                             |                                           |                                       |                                |                                   |                          |
| 5.                             |                                           |                                       |                                |                                   |                          |
| 6.                             |                                           |                                       |                                |                                   |                          |
| 7.                             |                                           |                                       |                                |                                   |                          |
| 8.                             |                                           |                                       |                                |                                   |                          |
| 9.                             |                                           |                                       |                                |                                   |                          |
| 10.                            |                                           |                                       |                                |                                   |                          |
| 11.                            |                                           |                                       |                                |                                   |                          |
| 12.                            |                                           |                                       |                                |                                   |                          |
| 13.                            |                                           |                                       |                                |                                   |                          |
| 14.                            |                                           |                                       |                                |                                   |                          |
| 15.                            |                                           |                                       |                                |                                   |                          |
| 16. Total Column F             |                                           |                                       |                                |                                   |                          |

# Case 24-11395 Doc 1 Filed 06/19/24 Page 274 of 316

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 - CBT-100 - I                                                                                                                                                                                                  | 0                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| NAME AS SHOW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N ON RETURN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FEDER                                                                                                                                                                                                            | AL ID NUMBER                                                                      |
| QLESS, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ***_                                                                                                                                                                                                             | ***_***/***                                                                       |
| Form 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Computation of the 2022 Post Allocation Net Operating Loss (NOL) and<br>Prior Net Operating Loss Conversion Carryover (PNOL) Deductions (See Instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                  |                                                                                   |
| Does the taxpayer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | have any Prior Net Operating Loss Conversion Carryovers? X Yes. Begin Form 500 at Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | n A, line 1. O                                                                                                                                                                                                   | R 📃 No. Enter zero                                                                |
| on Schedule A, Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rt II, line 23 and continue with Section B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |                                                                                   |
| Section A - Comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | utation of Prior Net Operating Losses (PNOL) Deduction from periods ending PRIOR to July 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1, 2019                                                                                                                                                                                                          |                                                                                   |
| Complete this sect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | tion only if the allocated entire net income/(loss) before net operating loss deductions and dividenc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | d exclusion on                                                                                                                                                                                                   | Schedule A, Part                                                                  |
| II, line 22 is positive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e (income).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                  |                                                                                   |
| 1. Prior Net Ope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | erating Loss Conversion Carryover (PNOL) - Enter the total of Worksheet 500-P, Part II,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                                                                                   |
| column 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . 1.                                                                                                                                                                                                             | 150,766.                                                                          |
| 2. Enter the port                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tion of line 1 previously deducted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | . 2.                                                                                                                                                                                                             |                                                                                   |
| 3. Enter the port                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tion of line 1 that expired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . 3.                                                                                                                                                                                                             |                                                                                   |
| 4. Enter any disc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | charge of indebtedness excluded from federal taxable income in the current tax period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                  |                                                                                   |
| pursuant to su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ubparagraph (A), (B), or (C) of paragraph (1) of subsection (a) of IRC § 108*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4.                                                                                                                                                                                                               |                                                                                   |
| 5. PNOL availab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | le in the current tax year - Subtract lines 2, 3, and 4 from line 1 (if zero or less, enter zero)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5.                                                                                                                                                                                                               | 150,766.                                                                          |
| 6. Enter the alloc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | cated net income from Schedule A, Part II, line 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6.                                                                                                                                                                                                               | 0.                                                                                |
| 7. Current tax y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rear's PNOL deduction - Enter the lesser of line 5 or line 6 here and on Schedule A,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                  |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7.                                                                                                                                                                                                               | 0.                                                                                |
| Part II, line 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                  |                                                                                   |
| * If the allocated d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has pos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                  |                                                                                   |
| <ul> <li>If the allocated d<br/>carryover in Forn</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has pos<br>n 500 Section B, carry the remaining balance to line 5 of Section B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                                                                                   |
| <ul> <li>If the allocated d<br/>carryover in Forn</li> <li>Section B - Post A</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has pos<br>n 500 Section B, carry the remaining balance to line 5 of Section B.<br>Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | t allocation ne                                                                                                                                                                                                  | et operating loss                                                                 |
| <ul> <li>If the allocated d<br/>carryover in Forn</li> <li>Section B - Post A</li> <li>Check the box not</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has pos<br>n 500 Section B, carry the remaining balance to line 5 of Section B.<br>Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019<br>ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | t allocation ne                                                                                                                                                                                                  | et operating loss                                                                 |
| <ul> <li>If the allocated d<br/>carryover in Forn</li> <li>Section B - Post A</li> <li>Check the box ne<br/>taxable member of</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has pos<br>n 500 Section B, carry the remaining balance to line 5 of Section B.<br>Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019<br>ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i<br>on a New Jersey combined return. Otherwise, leave the box blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | t allocation ne                                                                                                                                                                                                  | et operating loss                                                                 |
| * If the allocated d<br>carryover in Forn<br>Section B - Post A<br>Check the box ne<br>taxable member of<br>1. Allocated Net                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.<br>Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019<br>ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i<br>on a New Jersey combined return. Otherwise, leave the box blank.<br>• Operating Loss Carryover - See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n which the ta                                                                                                                                                                                                   | et operating loss                                                                 |
| * If the allocated d<br>carryover in Form<br>Section B - Post A<br>Check the box net<br>taxable member of<br>1. Allocated Net<br>a. Return Per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.<br>Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019<br>ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period is<br>on a New Jersey combined return. Otherwise, leave the box blank.<br>: Operating Loss Carryover - See instructions.<br>riod Ending 12/31/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n which the ta                                                                                                                                                                                                   | et operating loss<br>expayer was a<br>149,810.                                    |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box not<br/>taxable member of</li> <li>1. Allocated Net         <ul> <li>a. Return Per</li> <li>b. Return Per</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.<br>Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019<br>ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i<br>on a New Jersey combined return. Otherwise, leave the box blank.<br>: Operating Loss Carryover - See instructions.<br>riod Ending 12/31/2019<br>riod Ending 12/31/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n which the ta                                                                                                                                                                                                   | et operating loss<br>expayer was a<br>149,810.<br>29,080.                         |
| * If the allocated d<br>carryover in Form<br>Section B - Post A<br>Check the box net<br>taxable member of<br>1. Allocated Net<br>a. Return Per<br>b. Return Per<br>c. Return Per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions. riod Ending 12/31/2019 riod Ending 12/31/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n which the ta                                                                                                                                                                                                   | et operating loss<br>expayer was a<br>149,810.                                    |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box net<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per<br/>b. Return Per<br/>c. Return Per<br/>d. Return Per</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.<br>Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019<br>ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i<br>on a New Jersey combined return. Otherwise, leave the box blank.<br>Operating Loss Carryover - See instructions.<br>riod Ending 12/31/2019<br>riod Ending 12/31/2020<br>riod Ending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | n which the ta                                                                                                                                                                                                   | et operating loss<br>expayer was a<br>149,810.<br>29,080.                         |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box net<br/>taxable member of</li> <li>1. Allocated Net         <ul> <li>a. Return Per</li> <li>b. Return Per</li> <li>c. Return Per</li> <li>d. Return Per</li> <li>e. Return Per</li> <li>e. Return Per</li> <li>e. Return Per</li> <li>e. Return Per</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  riod Ending 12/31/2019 riod Ending 12/31/2021 riod Ending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1a.            1a.            1b.            1c.            1c.            1d.            1e.                                                                                                                    | et operating loss<br>expayer was a<br>149,810.<br>29,080.                         |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box not<br/>taxable member of</li> <li>Allocated Net         <ul> <li>a. Return Per</li> <li>b. Return Per</li> <li>b. Return Per</li> <li>c. Return Per</li> <li>d. Return Per</li> <li>d. Return Per</li> <li>f. Return Per</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  riod Ending 12/31/2019 riod Ending 12/31/2020 riod Ending 12/31/2021 riod Ending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1a.            1a.            1b.            1c.            1d.            1d.            1f.                                                                                                                    | et operating loss<br>expayer was a<br>149,810.<br>29,080.                         |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box net<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per<br/>b. Return Per<br/>c. Return Per<br/>d. Return Per<br/>e. Return Per<br/>f. Return Per<br/>g. Return Per</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  Operating 12/31/2019  riod Ending 12/31/2020  riod Ending 12/31/2021  riod Ending  riod Ending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1         allocation ne           n which the ta            1a.            1b.            1c.            1d.            1f.            1g.                                                                       | et operating loss<br>expayer was a<br>149,810.<br>29,080.                         |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box net<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per</li> <li>b. Return Per</li> <li>c. Return Per</li> <li>d. Return Per</li> <li>d. Return Per</li> <li>e. Return Per</li> <li>f. Return Per</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  riod Ending 12/31/2019 riod Ending 12/31/2020 riod Ending 12/31/2021 riod Ending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1a.           1a.           1b.           1c.           1d.           1d.           1f.           1g.           1h.           1h.                                                                                | et operating loss<br>expayer was a<br>149,810.<br>29,080.                         |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box not<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per</li> <li>b. Return Per</li> <li>c. Return Per</li> <li>d. Return Per</li> <li>d. Return Per</li> <li>e. Return Per</li> <li>f. Return Per</li> <li>g. Return Per</li> <li>h. Return Per</li> <li>h. Return Per</li> <li>h. Return Per</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  riod Ending 12/31/2019 riod Ending 12/31/2020 riod Ending 12/31/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1a.           n which the ta              1b.              1c.              1d.              1f.              1g.              1i.                                                                               | et operating loss<br>expayer was a<br>149,810.<br>29,080.                         |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box not<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per</li> <li>b. Return Per</li> <li>c. Return Per</li> <li>d. Return Per</li> <li>d. Return Per</li> <li>d. Return Per</li> <li>f. Return Per</li> <li>g. Return Per</li> <li>h. Return Per</li> <li>i. Return Per</li> <li>j. Return Per</li> <li>j. Return Per</li> <li>j. Return Per</li> <li>j. Return Per</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  Operating 12/31/2019  riod Ending 12/31/2020  riod Ending 12/31/2021  riod Ending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1a.           n which the ta              1b.              1c.              1d.              1g.              1h.              1j.                                                                               | et operating loss<br>expayer was a<br>149,810.<br>29,080.<br>108,883.             |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box not<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per</li> <li>b. Return Per</li> <li>c. Return Per</li> <li>d. Return Per</li> <li>d. Return Per</li> <li>e. Return Per</li> <li>f. Return Per</li> <li>g. Return Per</li> <li>f. Return Per</li> <li>f. Return Per</li> <li>g. Return Per</li> <li>f. Return Per</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  riod Ending 12/31/2019 riod Ending 12/31/2020 riod Ending 12/31/2021 riod Ending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1a.           n which the ta              1b.              1c.              1d.              1f.              1g.              1h.              1j.                                                              | et operating loss<br>expayer was a<br>149,810.<br>29,080.                         |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box net<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per<br/>b. Return Per<br/>c. Return Per<br/>d. Return Per<br/>f. Return Per<br/>f. Return Per<br/>f. Return Per<br/>h. Return Per<br/>i. Return Per<br/>j. Return Per</li> <li>2. Total Post Allo</li> <li>3. Portion of line</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  riod Ending 12/31/2020 riod Ending 12/31/2021 riod Ending 12/31/2021 riod Ending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1a.           n which the ta              1b.              1c.              1d.              1f.              1g.              1h.              1j.              3.                                              | et operating loss<br>expayer was a<br>149,810.<br>29,080.<br>108,883.             |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box not<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per</li> <li>b. Return Per</li> <li>c. Return Per</li> <li>d. Return Per</li> <li>d. Return Per</li> <li>f. Return Per</li> <li>f. Return Per</li> <li>f. Return Per</li> <li>f. Return Per</li> <li>j. Return Per</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  riod Ending 12/31/2019 riod Ending 12/31/2020 riod Ending 12/31/2021 riod Ending 13/31/31/31/31/31/31/31/31/31/31/31/31/3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1a.           n which the ta              1b.              1c.              1d.              1f.              1g.              1h.              1j.              3.                                              | et operating loss<br>expayer was a<br>149,810.<br>29,080.<br>108,883.             |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box not<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per</li> <li>b. Return Per</li> <li>c. Return Per</li> <li>d. Return Per</li> <li>d. Return Per</li> <li>f. Return Per</li> <li>f</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                             | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period is on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  riod Ending 12/31/2020 riod Ending 12/31/2021 riod Ending 13/2/2020 riod Ending 14/2/2020 riod Ending 14/2/2 | 1a.           n which the ta              1b.              1c.              1d.              1f.              1g.              1h.              1j.              3.              4.                              | et operating loss<br>expayer was a<br>149,810.<br>29,080.<br>108,883.             |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box not<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per<br/>b. Return Per<br/>c. Return Per<br/>d. Return Per<br/>f. Return Per<br/>f. Return Per<br/>f. Return Per<br/>i. Return Per<br/>j. Return Per j. Return Per<br/>j. Return Per j. Return Per<br/>j. Per j. Return Per</li></ul> | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  riod Ending 12/31/2020 riod Ending 12/31/2021 riod Ending 13/31/30 riod Ending 14/3 riod | 1a.           n which the ta           1b.           1c.           1d.           1e.           1f.           1g.           1h.           1j.           2.           3.           4.           5.                 | et operating loss<br>expayer was a<br>149,810.<br>29,080.<br>108,883.<br>287,773. |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box net<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per<br/>b. Return Per<br/>d. Return Per<br/>d. Return Per<br/>f. Nots available</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  Tod Ending 12/31/2019 Tod Ending 12/31/2020 Tod Ending 12/31/2021 Tod Ending 13/3 Tod Ending 13/3 Tod Ending 14/3 Tod End | 1a.           n which the ta           1b.           1c.           1d.           1e.           1f.           1g.           1h.           1j.           2.           3.           4.           5.                 | et operating loss<br>expayer was a<br>149,810.<br>29,080.<br>108,883.             |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box net<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per<br/>b. Return Per<br/>d. Return Per<br/>d. Return Per<br/>f. Portion of line<br/>f. Enter Allocate<br/>f. Enter Allocate<br/>f. Enter Allocate<br/>f. Enter Allocate<br/>f. Enter Allocate<br/>f. Return Per<br/>f. Enter Allocate<br/>f. Portion f. F.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  riod Ending 12/31/2019 riod Ending 12/31/2020 riod Ending 12/31/2021 riod Ending 13/31/31/31/31/31/31/31/31/31/31/31/31/3                                                                                                                                                                                                                                                                                                | 1a.           n which the ta              1b.              1c.              1d.              1f.              1g.              1h.              1j.              3.              4.           5.              6. | et operating loss<br>149,810.<br>29,080.<br>108,883.<br>287,773.<br>287,773.      |
| <ul> <li>If the allocated d<br/>carryover in Form</li> <li>Section B - Post A</li> <li>Check the box net<br/>taxable member of<br/>1. Allocated Net<br/>a. Return Per<br/>b. Return Per<br/>c. Return Per<br/>d. Return Per<br/>e. Return Per<br/>f. Enter Allocate<br/>f. Schedule A, F</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | lischarge of indebtedness exceeds the amount of PNOL that is available and the taxpayer has posen 500 Section B, carry the remaining balance to line 5 of Section B.  Allocation Net Operating Losses (NOLs) For Tax Years Ending ON AND AFTER July 31, 2019 ext to each period if the unused, unexpired, post allocation NOL carryovers are from a tax period i on a New Jersey combined return. Otherwise, leave the box blank.  Operating Loss Carryover - See instructions.  Tod Ending 12/31/2019 Tod Ending 12/31/2020 Tod Ending 12/31/2021 Tod Ending 13/3 Tod Ending 13/3 Tod Ending 14/3 Tod End | 1a.           n which the ta              1b.              1c.              1d.              1f.              1g.              1h.              1j.              3.              4.           5.              6. | et operating loss<br>expayer was a<br>149,810.<br>29,080.<br>108,883.<br>287,773. |

|                |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2022 - CBT-100 - Page 15 <b>1019</b>                                                                                                                                                          |
|----------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME AS S      | HOWN ON RETURN                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FEDERAL ID NUMBER                                                                                                                                                                             |
| QLESS,         | INC.                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ***_***_***/***                                                                                                                                                                               |
| ope<br>tax     | s is used to calculate your converting loss carryovers for the las period ending prior to July 31, 2 | NEW JERSEY CORPORATION BUSINES<br>Prior Net Operating Loss Conversion V<br>Use this worksheet to calculate the converted prior net operation<br>for tax years ending on and after July 31, 2019. (See In<br>erted prior net operating losses from pre-allocated net operating<br>st tax periods ending before July 31, 2019. Use the allocation fac<br>2019, for Part I, line 1. This is the taxpayer's base year allocation<br>54:10A-4(u). Submit a copy of this worksheet to substantiate | Norksheet<br>ting losses for use<br><b>nstructions)</b><br>loss carryovers to post-allocated net<br>ctor calculated on Schedule J in the last<br>factor for the last tax period ending before |
| am<br>Part I   | ounts for future years. If more                                                                      | space is needed, enclose a rider listing the information.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                               |
| 1. Allocati    | on Factor For The Last Tax Peri                                                                      | od Ending Prior to July 31, 2019 (from Schedule J)                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1.000000                                                                                                                                                                                      |
| Part II        |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
|                | Column 1                                                                                             | Column 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Column 3                                                                                                                                                                                      |
|                | Tax Period Ending                                                                                    | Prior Net Operating Losses<br>(see instructions) line                                                                                                                                                                                                                                                                                                                                                                                                                                        | Converted Prior Net Operating<br>Loss Carryover Multiply<br>e I, Part I by amount in column 2, Part II                                                                                        |
| 2.             | 12/31/2016                                                                                           | 38,776.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 38,776.                                                                                                                                                                                       |
| 3.             | 12/31/2017                                                                                           | 52,583.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 52,583.                                                                                                                                                                                       |
| 4.             | 12/31/2018                                                                                           | 59,407.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 59,407.                                                                                                                                                                                       |
| 5.             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| 6.             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| 7.             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| 8.             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| 9.             |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| 10.            |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| <u>11.</u>     |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| 12.            |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| 13.            |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| <u>14.</u>     |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| 15.            |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| 16.            |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| 17.            |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| 18.            |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| <u>19.</u>     |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| <u>20.</u>     |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                               |
| 266412 01-09-2 | 3                                                                                                    | Enclose a Copy with Tax Return                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                               |

Case 24-11395 Doc 1 Filed 06/19/24 Page 276 of 316

QLESS, INC.

27-1155885

| NJ CBT-100                   | OTHER FEDERAL INCOME | STATEMENT 1 |
|------------------------------|----------------------|-------------|
| DESCRIPTION                  |                      | AMOUNT      |
| GAIN/LOSS ON FOREIGN EXCHANG | E                    | -164,649.   |
| TOTAL TO SCHEDULE A, LINE 10 |                      | -164,649.   |

| NJ CBT-100                   | OTHER | FEDERAL | DEDUCTIONS | STATEMENT 2 |
|------------------------------|-------|---------|------------|-------------|
| DESCRIPTION                  |       |         |            | AMOUNT      |
| AMORTIZATION                 |       |         |            | 105,018.    |
| BAD DEBTS                    |       |         |            | 9,610.      |
| BANK CHARGES                 |       |         |            | 21,267.     |
| COMMISSION                   |       |         |            | 429,402.    |
| COMPUTER EQUIPMENT           |       |         |            | 13,165.     |
| CONTRACTORS                  |       |         |            | 700,847.    |
| INSURANCE                    |       |         |            | 78,094.     |
| LEGAL FEES                   |       |         |            | 247,652.    |
| MEALS                        |       |         |            | 75.         |
| MEALS NOT SUBJECT TO LIMITAT | TON   |         |            | 47,481.     |
| MISCELLANEOUS EXPENSES       |       |         |            | 2,334.      |
| OFFICE EXPENSES              |       |         |            | 16,344.     |
| PAYROLL EXPENSES             |       |         |            | 56,882.     |
| PROFESSIONAL FEES            |       |         |            | 732,647.    |
| QLESS ARMENIA EXPENSES       |       |         |            | 1,122,252.  |
| QUICK BOOK EXPENSE           |       |         |            | 12,206.     |
| RECRUITING EXPENSES          |       |         |            | 290,044.    |
| SALES AND MARKETING EXPENSES | 5     |         |            | 332,017.    |
| SECTION 174 ADJUSTMENT       |       |         |            | -178,968.   |
| SHIPPING                     |       |         |            | 11,606.     |
| SOFTWARE AND TOOLS           |       |         |            | 570,568.    |
| TRAVEL EXPENSES              |       |         |            | 294,076.    |
| UTLITIES                     |       |         |            | 25,958.     |
| TOTAL TO SCHEDULE A, LINE 26 | 5     |         |            | 4,940,577.  |

Case 24-11395 Doc 1 Filed 06/19/24 Page 277 of 316

QLESS, INC.

27-1155885

| NJ CBT-100                                                                                   | COST   | OF | GOODS | SOLD | - ОТН | ER COSTS | STATEMENT 3                                         |
|----------------------------------------------------------------------------------------------|--------|----|-------|------|-------|----------|-----------------------------------------------------|
| DESCRIPTION                                                                                  |        |    |       |      |       |          | AMOUNT                                              |
| CONTRACTORS<br>EQUIPMENT COST<br>HOSTING SERVERS<br>INSTALLATION AND SET U<br>PHONE SERVICES | IP     |    |       |      |       |          | 129,632.<br>127,234.<br>874,416.<br>450.<br>68,699. |
| TEXTING SERVICE                                                                              |        |    |       |      |       |          | 546,302.                                            |
| TOTAL TO SCHEDULE A-2,                                                                       | LINE ! | 5  |       |      |       |          | 1,746,733.                                          |

| SCHEDULE F CORPORAT                                                                  | FE OFFICERS - INFORM<br>AND COMPENSATION | MATION                       | STATEMENT 4 |
|--------------------------------------------------------------------------------------|------------------------------------------|------------------------------|-------------|
| NAME, ADDRESS, TITLE, SSN                                                            | DATES EMPLOYED<br>FROM TO                | PERCENT STOCK<br>COMMON PREF |             |
| SAID MALIKOV<br>21 MILLER ALLEY, SUITE 210,<br>PASADENA, CA 91105<br>CFO ******* For | 01/01/21 11/30/22                        | .00% .00%                    | 154,198.    |
| JAMES HARVEY<br>21 MILLER ALLEY, SUITE 210,<br>PASADENA, CA 91105<br>CEO ******* For | 04/01/22 12/31/22                        | .00% .00%                    | 381,250.    |
| TOTAL TO SCHEDULE F                                                                  |                                          |                              | 535,448.    |

| NJ CBT-100 OTHER STATE AND FEDERAL TAXES<br>SCHEDULE H | 3      | STATEMENT 5 |
|--------------------------------------------------------|--------|-------------|
| DESCRIPTION                                            | AMOUNT | TOTAL       |
| TOTAL FEDERAL OTHER TAXES                              | 24,336 | •           |
| TOTAL TO CBT-100, SCHEDULE H, LINE 10(E)               |        | 24,336.     |
| -                                                      |        |             |

17STATEMENT(S) 3, 4, 518481011 147227 0553984-0553984.CORP2022.04030 QLESS, INC.05539841

Case 24-11395 Doc 1 Filed 06/19/24 Page 278 of 316 NJ

| Form | 4562                                    |  |
|------|-----------------------------------------|--|
|      | ment of the Treasury<br>Revenue Service |  |

Name(s) shown on return

# Depreciation and Amortization

(Including Information on Listed Property) OTHER

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

| Attachment<br>Sequence No. 179 |  |
|--------------------------------|--|
| Identifying number             |  |

OMB No. 1545-0172

2022

| QLE                                                                                                       | ESS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     | HER DEPRE                                                                                                                                                    |                |                                                                                               | 27-1155885                   |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------|------------------------------|
| Par                                                                                                       | <b>t I</b> Election To Expense Certain Prope                                                                                                                                                                                                                                                                                                                                                                                                              | erty Under Section 1                                                                                                                                                                                                                             | 79 Note: If you have any                                                                                                                                                                                            | isted property, c                                                                                                                                            | omplete Parl   | V before y                                                                                    | ou complete Part I.          |
| <b>1</b> M                                                                                                | laximum amount (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                | 1                                                                                             |                              |
|                                                                                                           | otal cost of section 179 property place                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                |                                                                                               |                              |
|                                                                                                           | hreshold cost of section 179 propert                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                |                                                                                               |                              |
|                                                                                                           | Reduction in limitation. Subtract line 3                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                |                                                                                               |                              |
|                                                                                                           | ollar limitation for tax year. Subtract line 4 from lin                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              | <u> </u>       | 5                                                                                             |                              |
| 6                                                                                                         | (a) Description of p                                                                                                                                                                                                                                                                                                                                                                                                                                      | property                                                                                                                                                                                                                                         | (b) Cost (bus                                                                                                                                                                                                       | iness use only)                                                                                                                                              | (c) Elected    | cost                                                                                          |                              |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                |                                                                                               |                              |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                |                                                                                               |                              |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                |                                                                                               |                              |
| 7 1                                                                                                       | isted property. Enter the amount fror                                                                                                                                                                                                                                                                                                                                                                                                                     | n lino 20                                                                                                                                                                                                                                        |                                                                                                                                                                                                                     | 7                                                                                                                                                            |                |                                                                                               |                              |
|                                                                                                           | otal elected cost of section 179 prop                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                  | in column (c) lines 6 and                                                                                                                                                                                           |                                                                                                                                                              |                | 8                                                                                             |                              |
|                                                                                                           | entative deduction. Enter the smalle                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                |                                                                                               |                              |
|                                                                                                           | Carryover of disallowed deduction from                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                |                                                                                               |                              |
|                                                                                                           | Business income limitation. Enter the                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                |                                                                                               |                              |
|                                                                                                           | Section 179 expense deduction. Add                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                  | •                                                                                                                                                                                                                   | ,                                                                                                                                                            |                |                                                                                               |                              |
|                                                                                                           | Carryover of disallowed deduction to 2                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                |                                                                                               |                              |
|                                                                                                           | : Don't use Part II or Part III below fo                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                |                                                                                               |                              |
| Par                                                                                                       | t II Special Depreciation Allow                                                                                                                                                                                                                                                                                                                                                                                                                           | ance and Other D                                                                                                                                                                                                                                 | epreciation (Don't inclu                                                                                                                                                                                            | de listed propert                                                                                                                                            | y.)            |                                                                                               |                              |
| 14 S                                                                                                      | special depreciation allowance for qu                                                                                                                                                                                                                                                                                                                                                                                                                     | alified property (oth                                                                                                                                                                                                                            | ner than listed property) p                                                                                                                                                                                         | laced in service of                                                                                                                                          | during         |                                                                                               |                              |
| th                                                                                                        | he tax year                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              | -              | 14                                                                                            |                              |
| <b>15</b> P                                                                                               | Property subject to section 168(f)(1) el                                                                                                                                                                                                                                                                                                                                                                                                                  | ection                                                                                                                                                                                                                                           |                                                                                                                                                                                                                     |                                                                                                                                                              |                | 15                                                                                            |                              |
|                                                                                                           | Other depreciation (including ACRS)                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              |                | 16                                                                                            |                              |
| Par                                                                                                       | t III MACRS Depreciation (Don'                                                                                                                                                                                                                                                                                                                                                                                                                            | t include listed pro                                                                                                                                                                                                                             | operty. See instructions.)                                                                                                                                                                                          |                                                                                                                                                              |                |                                                                                               |                              |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                  | Section A                                                                                                                                                                                                           |                                                                                                                                                              |                |                                                                                               |                              |
| <b>17</b> №                                                                                               | ACRS deductions for assets placed                                                                                                                                                                                                                                                                                                                                                                                                                         | in service in tax ye                                                                                                                                                                                                                             | ears beginning before 202                                                                                                                                                                                           | 2                                                                                                                                                            | ······         | 17                                                                                            | 16,245.                      |
| <b>18</b> If                                                                                              | you are electing to group any assets placed in ser                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                     |                                                                                                                                                              | <u></u>        |                                                                                               |                              |
|                                                                                                           | Section B - Asset                                                                                                                                                                                                                                                                                                                                                                                                                                         | s Placed in Servic                                                                                                                                                                                                                               | e During 2022 Tax Year                                                                                                                                                                                              |                                                                                                                                                              |                |                                                                                               |                              |
|                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                  | · · · ·                                                                                                                                                                                                             | Using the Gene                                                                                                                                               | ral Deprecia   | tion Syste                                                                                    | m                            |
|                                                                                                           | (a) Classification of property                                                                                                                                                                                                                                                                                                                                                                                                                            | (b) Month and<br>year placed<br>in service                                                                                                                                                                                                       | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)                                                                                                                                  | (d) Recovery<br>period                                                                                                                                       | (e) Convention |                                                                                               | m (g) Depreciation deduction |
| 19a                                                                                                       | (a) Classification of property 3-year property                                                                                                                                                                                                                                                                                                                                                                                                            | (b) Month and<br>year placed                                                                                                                                                                                                                     | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)                                                                                                                                  | (d) Recovery<br>period                                                                                                                                       | (e) Convention | (f) Method                                                                                    | (g) Depreciation deduction   |
| <u>19a</u><br>b                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (b) Month and<br>year placed                                                                                                                                                                                                                     | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623                                                                                                                        | (d) Recovery period                                                                                                                                          | (e) Convention | (f) Method                                                                                    | (g) Depreciation deduction   |
|                                                                                                           | 3-year property                                                                                                                                                                                                                                                                                                                                                                                                                                           | (b) Month and<br>year placed                                                                                                                                                                                                                     | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)                                                                                                                                  | (d) Recovery period                                                                                                                                          | (e) Convention | (f) Method                                                                                    | (g) Depreciation deduction   |
| b                                                                                                         | 3-year property<br>5-year property                                                                                                                                                                                                                                                                                                                                                                                                                        | (b) Month and<br>year placed                                                                                                                                                                                                                     | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623                                                                                                                        | (d) Recovery period                                                                                                                                          | (e) Convention | (f) Method                                                                                    | (g) Depreciation deduction   |
| b<br>c                                                                                                    | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>15-year property                                                                                                                                                                                                                                                                                                                                                             | (b) Month and<br>year placed                                                                                                                                                                                                                     | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623                                                                                                                        | (d) Recovery period                                                                                                                                          | (e) Convention | (f) Method                                                                                    | (g) Depreciation deduction   |
| b<br>c<br>d                                                                                               | 3-year property5-year property7-year property10-year property15-year property20-year property                                                                                                                                                                                                                                                                                                                                                             | (b) Month and<br>year placed                                                                                                                                                                                                                     | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623                                                                                                                        | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.                                                                                                                   | (e) Convention | (1) Method<br>200DB<br>200DB                                                                  | (g) Depreciation deduction   |
| b<br>c<br>d<br>e                                                                                          | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>15-year property                                                                                                                                                                                                                                                                                                                                                             | (b) Month and<br>year placed                                                                                                                                                                                                                     | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623                                                                                                                        | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.                                                                                                        | (e) Convention | (f) Method<br>200DB<br>200DB                                                                  | (g) Depreciation deduction   |
| b<br>c<br>d<br>e<br>f                                                                                     | 3-year property5-year property7-year property10-year property15-year property20-year property                                                                                                                                                                                                                                                                                                                                                             | (b) Month and<br>year placed                                                                                                                                                                                                                     | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623                                                                                                                        | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.                                                                                           | (e) Convention | (f) Method<br>200DB<br>200DB<br>S/L<br>S/L                                                    | (g) Depreciation deduction   |
| b<br>c<br>d<br>f<br>g                                                                                     | 3-year property5-year property7-year property10-year property15-year property20-year property25-year property                                                                                                                                                                                                                                                                                                                                             | (b) Month and<br>year placed                                                                                                                                                                                                                     | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623                                                                                                                        | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.                                                                              | (e) Convention | (f) Method<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L                                             | (g) Depreciation deduction   |
| b<br>c<br>d<br>f<br>g                                                                                     | 3-year property5-year property7-year property10-year property15-year property20-year property25-year property                                                                                                                                                                                                                                                                                                                                             | (b) Month and<br>year placed                                                                                                                                                                                                                     | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623                                                                                                                        | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.                                                                                           | (e) Convention | (f) Method<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L<br>S/L                                      | (g) Depreciation deduction   |
| b<br>c<br>d<br>f<br>g<br>h                                                                                | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>15-year property<br>20-year property<br>25-year property<br>Residential rental property<br>Nonresidential real property                                                                                                                                                                                                                                                      | (b) Month and<br>year placed<br>in service                                                                                                                                                                                                       | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623<br>11,383                                                                                                              | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.                                                                   | (e) Convention | (f) Method<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L                               | (g) Depreciation deduction   |
| b<br>c<br>d<br>f<br>f<br>h                                                                                | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>20-year property<br>20-year property<br>25-year property<br>Residential rental property<br>Nonresidential real property<br>Section C - Assets                                                                                                                                                                                                                                | (b) Month and<br>year placed<br>in service                                                                                                                                                                                                       | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623                                                                                                                        | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.                                                                   | (e) Convention | (f) Method<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L                 | (g) Depreciation deduction   |
| b<br>c<br>d<br>f<br>f<br>j<br>h<br>20a                                                                    | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>20-year property<br>25-year property<br>Residential rental property<br>Nonresidential real property<br>Section C - Assets<br>Class life                                                                                                                                                                                                                                      | (b) Month and<br>year placed<br>in service                                                                                                                                                                                                       | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623<br>11,383                                                                                                              | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>Ising the Alterna                                              | (e) Convention | (f) Method<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L          | (g) Depreciation deduction   |
| b<br>c<br>d<br>e<br>f<br>f<br>h<br>i<br>20a<br>b                                                          | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>20-year property<br>25-year property<br>Residential rental property<br>Nonresidential real property<br>Section C - Assets<br>Class life<br>12-year                                                                                                                                                                                                                           | (b) Month and<br>year placed<br>in service                                                                                                                                                                                                       | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623<br>11,383                                                                                                              | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>Jsing the Alterna<br>12 yrs.                                   | (e) Convention | (f) Method<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L          | (g) Depreciation deduction   |
| b<br>c<br>d<br>f<br>g<br>h<br>i<br>20a<br>c                                                               | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>15-year property<br>20-year property<br>25-year property<br>Residential rental property<br>Nonresidential real property<br>Section C - Assets<br>Class life<br>12-year<br>30-year                                                                                                                                                                                            | (b) Month and<br>year placed<br>in service                                                                                                                                                                                                       | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623<br>11,383                                                                                                              | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>39 yrs.<br>12 yrs.<br>30 yrs.                                  | (e) Convention | (f) Method<br>200DB<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L | (g) Depreciation deduction   |
| b<br>c<br>d<br>f<br>g<br>h<br>i<br>20a<br>c<br>d                                                          | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>20-year property<br>25-year property<br>Residential rental property<br>Nonresidential real property<br>Section C - Assets<br>Class life<br>12-year<br>30-year<br>40-year                                                                                                                                                                                                     | (b) Month and<br>year placed<br>in service<br>////////////////////////////////////                                                                                                                                                               | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623<br>11,383                                                                                                              | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>Jsing the Alterna<br>12 yrs.                                   | (e) Convention | (f) Method<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L          | (g) Depreciation deduction   |
| b<br>c<br>d<br>f<br>f<br>d<br>h<br>20a<br>b<br>c<br>d<br>Par                                              | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>20-year property<br>25-year property<br>Residential rental property<br>Nonresidential real property<br>Section C - Assets<br>Class life<br>12-year<br>30-year<br>40-year<br><b>Summary</b> (See instructions.)                                                                                                                                                               | (b) Month and<br>year placed<br>in service<br>//<br>//<br>//<br>//<br>Placed in Service<br>/<br>/<br>/                                                                                                                                           | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623<br>11,383<br>During 2022 Tax Year L                                                                                    | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>Ising the Alterna<br>12 yrs.<br>30 yrs.<br>40 yrs.             | (e) Convention | (f) Method<br>200DB<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L | (g) Depreciation deduction   |
| b<br>c<br>d<br>f<br>f<br>d<br>h<br>20a<br>b<br>c<br>d<br>Par<br>21 L                                      | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>20-year property<br>25-year property<br>Residential rental property<br>Nonresidential real property<br>Section C - Assets<br>Class life<br>12-year<br>30-year<br>40-year<br><b>TIV</b> Summary (See instructions.)<br>isted property. Enter amount from lir                                                                                                                  | (b) Month and<br>year placed<br>in service<br>//<br>//<br>//<br>//<br>Placed in Service<br>//<br>//<br>//<br>//<br>Placed in Service                                                                                                             | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623<br>11,383<br>During 2022 Tax Year L                                                                                    | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>Ising the Alterna<br>12 yrs.<br>30 yrs.<br>40 yrs.             | (e) Convention | (f) Method<br>200DB<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L | (g) Depreciation deduction   |
| b<br>c<br>d<br>f<br>f<br>g<br>h<br>i<br>20a<br>b<br>c<br>d<br>Par<br>21 L<br>22 T                         | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>15-year property<br>20-year property<br>25-year property<br>Residential rental property<br>Residential real property<br>Nonresidential real property<br>Section C - Assets<br>Class life<br>12-year<br>30-year<br>40-year<br><b>t IV</b> Summary (See instructions.)<br>isted property. Enter amount from lir<br><b>fotal.</b> Add amounts from line 12, lines               | (b) Month and<br>year placed<br>in service<br>//<br>//<br>//<br>//<br>//<br>Placed in Service<br>//<br>//<br>//<br>//<br>//<br>//<br>//<br>//<br>//<br>//<br>//<br>//<br>//                                                                      | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623<br>11,383<br>During 2022 Tax Year L                                                                                    | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>12 yrs.<br>30 yrs.<br>40 yrs.<br>g), and line 21. | (e) Convention | (f) Method<br>200DB<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L | (g) Depreciation deduction   |
| b<br>c<br>d<br>f<br>g<br>h<br>i<br>20a<br>b<br>c<br>d<br>Par<br>21 L<br>22 T<br>E                         | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>20-year property<br>25-year property<br>Residential rental property<br>Nonresidential real property<br>Section C - Assets<br>Class life<br>12-year<br>30-year<br>40-year<br><b>TIV</b> Summary (See instructions.)<br>isted property. Enter amount from lir                                                                                                                  | (b) Month and<br>year placed<br>in service<br>//<br>//<br>//<br>//<br>//<br>Placed in Service<br>//<br>//<br>//<br>//<br>/<br>Placed in Service                                                                                                  | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623<br>11,383<br>During 2022 Tax Year U<br>During 2022 Tax Year U<br>es 19 and 20 in column (<br>artnerships and S corpora | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>12 yrs.<br>30 yrs.<br>40 yrs.<br>g), and line 21. | (e) Convention | (f) Method<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L          | (g) Depreciation deduction   |
| b<br>c<br>d<br>f<br>g<br>h<br>i<br>20a<br>b<br>c<br>d<br>Par<br>21 L<br>22 T<br>21 L<br>22 T<br>E<br>23 F | 3-year property<br>5-year property<br>7-year property<br>10-year property<br>20-year property<br>20-year property<br>25-year property<br>Residential rental property<br>Nonresidential real property<br>Section C - Assets<br>Class life<br>12-year<br>30-year<br>40-year<br><b>t IV</b> Summary (See instructions.)<br>isted property. Enter amount from line<br><b>total.</b> Add amounts from line 12, lines<br>inter here and on the appropriate line | (b) Month and<br>year placed<br>in service<br>//<br>//<br>//<br>//<br>//<br>//<br>//<br>Placed in Service<br>//<br>//<br>//<br>/<br>Placed in Service<br>//<br>/<br>/<br>/<br>/<br>/<br>/<br>/<br>/<br>/<br>/<br>/<br>/<br>/<br>/<br>/<br>/<br>/ | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions)<br>99,623<br>11,383<br>During 2022 Tax Year U<br>During 2022 Tax Year U<br>es 19 and 20 in column (<br>artnerships and S corpora | (d) Recovery<br>period<br>5 YRS.<br>7 YRS.<br>25 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>27.5 yrs.<br>39 yrs.<br>12 yrs.<br>30 yrs.<br>40 yrs.<br>g), and line 21. | (e) Convention | (f) Method<br>200DB<br>200DB<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L<br>S/L          | (g) Depreciation deduction   |

18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.

# Case 24-11395 Doc 1 Filed 06/19/24 Page 279 of 316

| Form 4562 (2022) QLI                                                         | ESS, INC                   | •                   |                |                  |                          |          |                 |                |                 | 27-             | 1155                 | 885                | Page 2           |
|------------------------------------------------------------------------------|----------------------------|---------------------|----------------|------------------|--------------------------|----------|-----------------|----------------|-----------------|-----------------|----------------------|--------------------|------------------|
| Part V Listed Property (Include a                                            |                            |                     | er vehic       | les, cert        | tain aircra              | aft, an  | d property      | used for       |                 |                 |                      |                    |                  |
| entertainment, recreation,<br><b>Note:</b> For any vehicle for v             |                            | ,                   | standard       | d milead         | ge rate o                | r dedu   | cting lease     | expense        | e, comp         | olete <b>on</b> | <b>lv</b> 24a,       |                    |                  |
| 24b, columns (a) through (                                                   | c) of Śection A            | , all of Se         | ection B,      | and Se           | ection C i               | if appli | cable.          | •              |                 |                 |                      |                    |                  |
| Section A - Depreciati                                                       |                            |                     |                |                  |                          | _        |                 |                | -               |                 |                      |                    |                  |
| 24a Do you have evidence to support the b                                    |                            | nt use cia          | imed?          |                  | <u>′es</u>               | _ No     | 24b If "Y       |                |                 |                 |                      | _ Yes ∟            | <u> </u>         |
| (a) (b)<br>Type of property Date                                             | (c)<br>Business/           |                     | (d)<br>Cost or | Bas              | (e)<br>sis for depre     | eciation | (f)<br>Recovery | (9) (9<br>Meti |                 |                 | <b>h)</b><br>ciation |                    | (I)<br>cted      |
| (list vehicles first) placed in service                                      | investment<br>use percenta | ot                  | her basis      | (bu              | isiness/inve<br>use only |          | period          | Conve          |                 | dedu            | iction               |                    | on 179<br>Ost    |
| 25 Special depreciation allowance for 0                                      | · · ·                      |                     | nlaced i       | n servic         | e durina                 | the ta   | ı<br>x vear and | I              |                 |                 |                      |                    | .51              |
| used more than 50% in a qualified b                                          |                            |                     | •              |                  | •                        |          |                 |                | 25              |                 |                      |                    |                  |
| 26 Property used more than 50% in a d                                        |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
|                                                                              | c                          | %                   |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
|                                                                              | g                          | %                   |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
|                                                                              | ç                          | %                   |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| 27 Property used 50% or less in a qual                                       | ified business ι           | use:                |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
|                                                                              |                            | %                   |                |                  |                          |          |                 | S/L -          |                 |                 |                      |                    |                  |
| : :                                                                          |                            | %                   |                |                  |                          |          |                 | S/L -          |                 |                 |                      |                    |                  |
|                                                                              |                            | %                   |                |                  |                          |          |                 | S/L ·          |                 |                 |                      |                    |                  |
| 28 Add amounts in column (h), lines 25                                       |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| <b>29</b> Add amounts in column (i), line 26.                                |                            |                     |                |                  |                          |          | <u> </u>        | <u></u>        |                 | <u></u>         | 29                   |                    |                  |
|                                                                              |                            |                     |                |                  | on Use                   |          |                 |                |                 |                 |                      |                    |                  |
| Complete this section for vehicles used                                      |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      | /ehicles           |                  |
| to your employees, first answer the que                                      | stions in Sectio           | on C to se          | ee if you      | i meet a         | in except                | tion to  | completin       | g this see     | ction to        | r those v       | enicies.             |                    |                  |
|                                                                              |                            | (8                  | <u>م</u>       |                  | (b)                      |          | (c)             | (d             | n –             |                 | e)                   | (1                 | <br>a            |
| <b>30</b> Total business/investment miles driven                             | during the                 | Veh                 | -              | -                | hicle                    |          | (ehicle         | Vehi           |                 |                 | nicle                | Veh                |                  |
| year ( <b>don't</b> include commuting miles)                                 | •                          |                     |                |                  |                          | - ·      |                 | Von            | 010             | 101             |                      | • • • •            |                  |
| <b>31</b> Total commuting miles driven durin                                 |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| 32 Total other personal (noncommuting                                        |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| driven                                                                       |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| <b>33</b> Total miles driven during the year.                                |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| Add lines 30 through 32                                                      |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| 34 Was the vehicle available for person                                      | nal use                    | Yes                 | No             | Yes              | No                       | Yes      | i No            | Yes            | No              | Yes             | No                   | Yes                | No               |
| during off-duty hours?                                                       |                            |                     |                |                  |                          |          | _               |                |                 |                 |                      |                    |                  |
| <b>35</b> Was the vehicle used primarily by a                                |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| than 5% owner or related person?                                             |                            |                     |                |                  |                          |          | _               |                |                 |                 |                      |                    |                  |
| 36 Is another vehicle available for pers                                     | onal                       |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| use?                                                                         |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
|                                                                              | - Questions f              | -                   | -              |                  |                          |          | -               |                |                 |                 |                      |                    |                  |
| Answer these questions to determine if more than 5% owners or related person | -                          | ception             | to comp        | bleting S        | Section E                | s for ve | enicies use     | a by emp       | bioyees         | who ai          | ren t                |                    |                  |
| 37 Do you maintain a written policy sta                                      |                            | ohihite al          | Inerson        |                  | ofvehicle                | e incl   | udina com       | mutina k       |                 |                 |                      | Yes                | No               |
| employees?                                                                   | -                          |                     | -              |                  |                          |          | -               | -              |                 |                 |                      | 103                |                  |
| <b>38</b> Do you maintain a written policy sta                               |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    | <u> </u>         |
| employees? See the instructions fo                                           |                            | -                   |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| <b>39</b> Do you treat all use of vehicles by e                              |                            |                     | -              |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| 40 Do you provide more than five vehic                                       | cles to your em            | ployees,            |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| the use of the vehicles, and retain t                                        | he information             | received'           | ?              |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| 41 Do you meet the requirements cond                                         |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| Note: If your answer to 37, 38, 39,                                          | 40, or 41 is "Ye           | s," don't           | comple         | te Secti         | ion B for                | the co   | vered veh       | icles.         |                 |                 |                      |                    |                  |
| Part VI Amortization                                                         |                            |                     |                |                  |                          |          |                 |                |                 |                 |                      |                    |                  |
| (a)<br>Description of costs                                                  | Date                       | (b)<br>amortization |                | (c)<br>Amortizal | ble                      |          | (d)<br>Code     |                | (e)<br>Amortiza | tion            | Ar                   | (f)<br>nortization |                  |
| · · · · · · · · · · · · · · · · · · ·                                        |                            | begins              |                | amoun            | t                        |          | section         | Ę              | eriod or per    |                 | fo                   | r this year        |                  |
| 42 Amortization of costs that begins de                                      |                            | tax yea             | r:             |                  |                          | 1        |                 | <u> </u>       |                 |                 |                      |                    |                  |
| SECTION 174 CAPITALI                                                         |                            | 0100                | 1              | 020              | 101                      |          | 171             |                | 100             | <u>w</u>        |                      | 61                 | 540              |
| ASSET - FOREIGN                                                              |                            | 0122                |                | -                | 5,191                    |          | 174             |                | 180             |                 |                      | 04,                | 540.             |
| <b>43</b> Amortization of costs that began be                                |                            |                     |                |                  |                          |          |                 |                |                 | 43<br>44        |                      | 64                 | 540.             |
| 44 Total. Add amounts in column (f). S                                       | ee the instruct            | UNS TOP V           | vriere to      | report           |                          |          |                 |                |                 | 44              | F                    |                    |                  |
| 216252 12-08-22                                                              |                            |                     |                |                  |                          |          |                 |                |                 |                 | F                    | orm <b>456</b>     | <u>= (</u> 2022) |

18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC.

Electronic Filing PDF Attachment

QLESS, INC. EIN: 27-1155885 FYE: 12/31/22

# **NET OPERATING LOSS ADJUSTMENT**

|              | NET<br>OPERATING |                  | ADJUSTED NET<br>OPERATING LOSS |
|--------------|------------------|------------------|--------------------------------|
|              | LOSS PER TAX     |                  | CARRYFORWARD                   |
| TAX YEAR-END | RETURN           | ADJUSTMENT       | TO 2021                        |
|              |                  |                  |                                |
| 12/31/2016   | 38,776           |                  | 38,776                         |
| 12/31/2017   | 52,583           |                  | 52,583                         |
| 12/31/2018   | 59,407           |                  | 59,407                         |
| 12/31/2019   | 149,810          |                  | 149,810                        |
| 12/31/2020   | 31,930           | (2 <i>,</i> 850) | 29,080                         |
| 12/31/2021   | 112,647          | (3,763)          | 108,883                        |
| Total        | 445,153          | (6,613)          | 438,539                        |

THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.

|                       |            |               |               | ADJUSTMENT |
|-----------------------|------------|---------------|---------------|------------|
|                       | ADJUSTMENT | ADJUSTMENT TO |               | TO NJ NET  |
|                       | το βοοκ    | TAXABLE       | NJ            | OPERATING  |
| LIST OF ADJUSTMENTS   | INCOME     | INCOME        | APPORTIONMENT | LOSS       |
|                       |            |               |               |            |
| 12/31/20 FINANCIAL    |            |               |               |            |
| STATEMENT REVIEW GAAP |            |               |               |            |
| ADJUSTMENT            | (184,199)  | (184,199)     | 1.5472%       | (2,850)    |
| 12/31/21 FINANCIAL    |            |               |               |            |
| STATEMENT REVIEW GAAP |            |               |               |            |
| ADJUSTMENT            | (189,072)  | (189,072)     | 1.9905%       | (3,763)    |
| TOTAL ADJUSTMENT      | (373,272)  | (373,272)     |               | (6,613)    |

Case 24-11395 Doc 1 Filed 06/19/24 Page 282 of 316

# TAX RETURN FILING INSTRUCTIONS

OREGON FORM OR-20

# FOR THE YEAR ENDING

DECEMBER 31, 2022

# PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

# PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

#### TO BE SIGNED AND DATED BY:

NOT APPLICABLE

# AMOUNT OF TAX:

| TOTAL TAX                    | \$<br>150 |
|------------------------------|-----------|
| LESS: PAYMENTS AND CREDITS   | \$<br>300 |
| PLUS: OTHER AMOUNT           | \$<br>0   |
| PLUS: INTEREST AND PENALTIES | \$<br>0   |
| OVERPAYMENT                  | \$<br>150 |

#### **OVERPAYMENT:**

| CREDIT TO ESTIMATED TAX | \$<br>150 |
|-------------------------|-----------|
| OTHER AMOUNT            | \$<br>0   |
| REFUNDED TO YOU         | \$<br>0   |

# MAKE CHECK PAYABLE TO:

NOT APPLICABLE

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. PLEASE REVIEW YOUR RETURN FOR COMPLETENESS AND ACCURACY. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE DOR. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE DOR.

# **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FEDERAL FORM 8879-CORP TO US BY NOVEMBER 15, 2023.

# **SPECIAL INSTRUCTIONS:**

# State-Only e-file Signature Authorization

Do not send to the Taxing Authority. This is not a tax return.

Keep this form for your records.

27 1155885

FEIN

|          |        |                      | 1          |        |      |
|----------|--------|----------------------|------------|--------|------|
| 18481011 | 147227 | 0553984-0553984.CORP | 2022.04030 | QLESS, | INC. |
|          |        |                      |            |        |      |

Declaration and Signature Authorization (Be sure you get and keep a copy of your return) Part II Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return and accompanying schedules and statements for tax year 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the taxing authority and to receive from the taxing authority (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the taxing authority and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my state taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this also authorizes the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

# Taxpayer's PIN: check one box only

| X I authorize COHNREZNICK | LLP                                                                | to enter or generate my PIN |
|---------------------------|--------------------------------------------------------------------|-----------------------------|
|                           | <b>RO firm name</b><br>022 electronically filed income tax return. |                             |

I will enter my PIN as my signature on my tax year 2022 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature 🕨 \_\_\_\_\_

219875 04-01-22

8879-S

INC.

**Electronically Filed States** 

Taxpayer name

OREGON

OLESS,

Part I

Title SENIOR DIRECTOR

#### Part III **Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

#### ERO's signature **COHNREZNICK** LLP

# **ERO Must Retain This Form** Do Not Submit This Form to the Taxing Authority

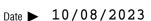
do not enter all zeros

96289622147

# 55885

Enter five numbers, but do not enter all zeros

Date



# Form OR-20-V Oregon Corporation Tax Payment Voucher

Oregon Department of Revenue

| Page 1 of 1 • Use UPPERCASE let                            | tters. ●Use blue or black ink. ● Print actual size (100% | ). •Don't submi | t photocopies or use staples. |
|------------------------------------------------------------|----------------------------------------------------------|-----------------|-------------------------------|
| Tax year beginning (MM/DD/YYYY)                            | Tax year ending (MM/DD/YYYY)                             | GU              | KU2                           |
| 01/01/2022                                                 | 12/31/2022                                               |                 |                               |
| Contact name                                               | JU NUT F                                                 | ILE             |                               |
| JAMES HARVEY<br>Legal name of filer on tax return          |                                                          |                 |                               |
| QLESS INC<br>Federal employer identification number (FEIN) |                                                          |                 |                               |
| 27-1155885<br>Filer address                                |                                                          |                 |                               |
| 21 MILLER ALLEY SUITE 2                                    | 10                                                       |                 |                               |
| City                                                       |                                                          | State           | ZIP code                      |
| PASADENA<br>Contact phone                                  |                                                          | CA              | 91105                         |
| 415-309-2787                                               |                                                          |                 |                               |

| FOR | YOUR | RECO | RDS |
|-----|------|------|-----|
|     |      |      |     |

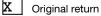
1019 01

# Want to make your payment online? Find options at www.oregon.gov/dor.

**Use this voucher only if you're sending a payment separate from a return.** Make your check, money order, or cashier's check payable to the Oregon Department of Revenue. Write "Form OR-20-V," the filer name, FEIN, the tax year beginning and ending dates, and a daytime phone on your payment. Don't mail cash. Mail the voucher and payment to:

Oregon Department of Revenue PO Box 14950 Salem OR 97309-0950

| Pay | ment | type | (check one) |
|-----|------|------|-------------|
| _   |      | 1.0  |             |



Estimated payment

Amended return

Enter payment amount

150.00



150-102-172 (Rev. 05-10-22, ver. 03) 273631 11-01-22

\$

| Case 24-11395 | Doc 1 | Filed 06/19/24 | Page 285 of 316 |
|---------------|-------|----------------|-----------------|
|               |       |                |                 |

#### FOR OREGON ONLY Application for Automatic Extension of Time To File Certain

Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

| (Rev. December 2018)                                   |                                  |  |  |  |
|--------------------------------------------------------|----------------------------------|--|--|--|
| Department of the Treasury<br>Internal Revenue Service |                                  |  |  |  |
| Name                                                   |                                  |  |  |  |
|                                                        | per 2018)<br>Treasury<br>service |  |  |  |

OLESS, INC.

7001

# File a separate application for each return. Go to www.irs.gov/Form7004 for instructions and the latest information.

Identifying number

27-1155885

| Print |
|-------|
| or    |
| Туре  |

Number, street, and room or suite no. (If P.O. box, see instructions.) 21 MILLER ALLEY, SUITE 210

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

# PASADENA, CA 91105

Note: File request for extension by the due date of the return. See instructions before completing this form. Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions. 12 Enter the form code for the return listed below that this application is for Application Form Application Form Is For: Code Is For: Code 01 Form 1120-ND (section 4951 taxes) 20 Form 706-GS(D) 02 Form 1120-PC Form 706-GS(T) 21 03 Form 1120-POL 22 Form 1041 (bankruptcy estate only) Form 1041 (estate other than a bankruptcy estate) 04 Form 1120-REIT 23 Form 1041 (trust) 05 Form 1120-RIC 24 Form 1041-N 06 Form 1120S 25 07 Form 1041-QFT Form 1120-SF 26 Form 1042 08 Form 3520-A 27 Form 1065 09 Form 8612 28 Form 1066 11 Form 8613 29 Form 1120 Form 8725 30 12 34 Form 1120-C Form 8804 31 Form 1120-F Form 8831 32 15 Form 1120-FSC 16 Form 8876 33 Form 1120-H 17 Form 8924 35 Form 1120-L 18 Form 8928 36 Form 1120-ND 19 Part II All Filers Must Complete This Part If the organization is a foreign corporation that does not have an office or place of business in the United States, 2 check here If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, 3 check here If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application. If the organization is a corporation or partnership that qualifies under Regulation 4

| 5a | The application is for calendar year    | 2022, or tax year beginning         |
|----|-----------------------------------------|-------------------------------------|
| b  | Short tax year. If this tax year is les | s than 12 months, check the reason: |

| ations section 1.6081-5, o | check here                  |
|----------------------------|-----------------------------|
|                            | , and ending                |
| Initial return             | Final return                |
| Other (See instruct        | ions - attach explanation.) |

|                                              | - |      |
|----------------------------------------------|---|------|
| Tentative total tax                          | 6 | 300. |
|                                              |   |      |
| Total payments and credits. See instructions | 7 | 150. |
|                                              |   |      |

8 Balance due. Subtract line 7 from line 6. See instructions

Change in accounting period Consolidated return to be filed

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 7004 (Rev. 12-2018)

150.

8

219741 04-01-22

6

7

| <b>2022 Form OR</b><br>Oregon Corporation                  |                                        | ı                        |                         | Oregon Department of F         | Revenue              |
|------------------------------------------------------------|----------------------------------------|--------------------------|-------------------------|--------------------------------|----------------------|
| Page 1 of 7 • Use UPPER                                    | CASE letters. ●Use blue or             | black ink.  Print actual | size (100%). ●Don't sut | omit photocopies or use staple | es.                  |
| Fiscal year beginning (MM/DD/YYYY)                         | Fiscal year ending                     |                          |                         |                                |                      |
| See instructions for checkboxes (ch                        | eck all that apply)                    |                          |                         |                                |                      |
| New name                                                   | New address                            |                          | R-FCG-20                | X Extension                    |                      |
| Form OR-37                                                 | REIT/RIC                               |                          | mended                  | Form OR-2                      | 24                   |
| IC-DISC                                                    | Да со-ор                               | F                        | ederal Form 8886        | GILTI inclu                    | uded on federal form |
| Accounting period change                                   | Alternative apporting request included | ionment                  |                         |                                |                      |
| Corporation legal name                                     |                                        |                          |                         |                                |                      |
| QLESS, INC.<br>Federal employer identification number (FEI | N)                                     |                          |                         |                                |                      |
| 27–1155885<br>Doing business as (DBA) or assumed busine    | ess name (ABN)                         |                          |                         |                                |                      |
| Attn: or c/o, first name                                   | Initial                                | Attn: or c/o, last name  |                         |                                |                      |
| NICK<br>Corporation current address                        |                                        | THOMAS                   |                         |                                |                      |
| 21 MILLER ALLEY, SU                                        | ITE 210                                |                          |                         |                                |                      |
| City                                                       |                                        |                          | State                   | ZIP code                       |                      |
| PASADENA                                                   |                                        |                          | CA                      | 91105                          |                      |
| Contact first name                                         | Initial                                | Contact last name        |                         |                                |                      |
| NICK<br>Contact phone                                      |                                        | THOMAS                   |                         |                                |                      |
| <b>415-309-2787</b><br>Email                               |                                        |                          |                         |                                |                      |
| NICK.THOMAS@QLESS.C                                        | ОМ                                     |                          |                         |                                |                      |

Continued on next page



# 2022 Form OR-20

Oregon Department of Revenue

| Page 2 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies of                    | or use staples.           |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Only complete questions A through C if this is your first return, or the answer changed during this tax year.                              |                           |
| Incorporated in (state) Incorporated on (date) (MM/DD/YYYY)                                                                                |                           |
|                                                                                                                                            |                           |
| . State of commercial domicile C. Date business activity began in Oregon (MM/DD/YYYY) D. NAICS code                                        |                           |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
| . (1) Consolidated federal return (2) Consolidated Oregon return (3) Corporations included                                                 | t in concolidated foderal |
| return, but not in Oreg                                                                                                                    |                           |
| Parent corporation name, if applicable                                                                                                     | John John                 |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
| Parent corporation FEIN, if applicable <b>G.</b> Number of Oregon corporations                                                             |                           |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
| I. List the tax years for which federal waivers of the statute of limitations are in effect and dates on which waivers expire              |                           |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
| List the tax years for which your federal taxable income was changed by an IRS audit or by an amended federal return filed during this tax | year                      |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
| I. If first return, indicate:                                                                                                              |                           |
| Previous business name                                                                                                                     |                           |
|                                                                                                                                            |                           |
| FEIN                                                                                                                                       |                           |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
| K. If final return, indicate:       Withdrawn       Dissolved       Merged or reorganized                                                  |                           |
| <b></b>                                                                                                                                    |                           |
| Merged or reorganized corporation name                                                                                                     |                           |
|                                                                                                                                            |                           |
| FEIN                                                                                                                                       |                           |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
| . Utility or telecommunications companies (see instructions) M. PL86-272 protected affiliate(s) (see in                                    | structions)               |
| . Utility or telecommunications companies (see instructions) M. PL86-272 protected affiliate(s) (see in                                    | ເວເາ ພິບເບບເາວງ           |
|                                                                                                                                            |                           |
| I. Fill in the amount of your total Oregon sales N.                                                                                        | 83,564.00                 |
|                                                                                                                                            | Continued on next p       |
|                                                                                                                                            |                           |
|                                                                                                                                            |                           |
| 150-102-020                                                                                                                                |                           |
| (Bev. 08-04-22 ver. 01)                                                                                                                    | NZ N 19'' "'              |

(Rev. 08-04-22, ver. 01)



Oregon Department of Revenue

| Page 3 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit p | photocopies or use staples. |  |
|------------------------------------------------------------------------------------------------------------|-----------------------------|--|
|------------------------------------------------------------------------------------------------------------|-----------------------------|--|

| 1.                | Taxable income from U.S. corporation income tax return (see instructions)            | 1.    | -4,989,314.00   |
|-------------------|--------------------------------------------------------------------------------------|-------|-----------------|
| 2.                | Total additions from Schedule OR-ASC-CORP, Section A (see instructions)              | 2.    |                 |
| 3.                | Income after additions (line 1 plus line 2)                                          | 3.    | -4,989,314.00   |
| 4.                | Total subtractions from Schedule OR-ASC-CORP, Section B (see instructions)           | 4.    |                 |
| 5.                | Income before net loss deduction (line 3 minus line 4). If income is                 |       |                 |
|                   | derived from sources both in Oregon and other states, carry                          |       |                 |
|                   | amount from line 5 to Schedule OR-AP, part 2, line 1                                 | 5.    | -4,989,314.00   |
| 6.                | Net loss deduction if not apportioned (include schedule, enter as a positive number) | 6.    |                 |
| 7                 | Net capital loss deduction if not apportioned (include schedule,                     |       |                 |
| 7.                | enter as a positive number)                                                          | 7.    |                 |
| 8.                | Enter the apportionment percentage from Schedule OR-AP, part 1,                      |       |                 |
|                   | line 23; enter 100.0000 if you don't apportion income. <b>You must</b>               |       |                 |
|                   | include Schedule OR-AP to apportion income                                           | 8.    | <b>.</b> 9827 % |
|                   |                                                                                      |       |                 |
| 9.                | Oregon taxable income (line 5 minus lines 6 and 7, or                                |       | 40,020,00       |
|                   | Schedule OR-AP, part 2, line 12)                                                     | 9.    | -49,030.00      |
|                   |                                                                                      |       |                 |
| <b>Тах</b><br>10. | Calculated excise tax (see instructions)                                             | 10.   | 0.00            |
| 11.               | Schedule OR·FCG-20 adjustment (include schedule)                                     | . 11. |                 |
| 12.               | Total calculated excise tax (line 10 minus line 11)                                  | . 12. |                 |
| 13.               | Minimum tax (see instructions)                                                       | 13.   | 150.00          |
| 14.               | Tax (greater of line 12 or line 13)                                                  | 14.   | 150.00          |
| 15.               | Tax adjustments (see instructions, include schedule)                                 | . 15. |                 |
| 16.               | Tax before credits (line 14 plus line 15)                                            | 16.   | 150.00          |

Continued on next page





# 2022 Form OR-20

Oregon Department of Revenue

|            | Page 4 of 7 • Use UPPERCASE letters. • Use blue or black ink. • P                                                   | Print actual size (100%). • Don't submit photocopies or use staples. |        |
|------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------|
| Crec       | ite                                                                                                                 |                                                                      |        |
| _          | Total standard credits from Schedule OR-ASC-CORP, Section C                                                         | . 17.                                                                |        |
| 18.        | Tax after standard credits (line 16 minus line 17, not less than minimum tax)                                       | 18.                                                                  | 150.00 |
| 19.        | Total carryforward credits from Schedule OR-ASC-CORP, Section D                                                     | 19.                                                                  |        |
| Exci       | se tax                                                                                                              |                                                                      |        |
|            | Excise tax after standard and carryforward credits (line 18 minus line 19, not below minimum tax; see instructions) | 20.                                                                  | 150.00 |
| 21.        | LIFO benefit recapture subtraction (see instructions)                                                               | 21.                                                                  |        |
| 22.<br>23. |                                                                                                                     | 22.                                                                  | 150.00 |
|            | credits from Schedule ES line 8. Include payments made with extension                                               | 23.                                                                  | 300.00 |
| 24.        | Withholding payments made on your behalf from pass-through entity or real estate income (include schedule)          |                                                                      |        |
| 25.        | Tax due.Is line 22 more than line 23 plus line 24? If so,line 22 minus lines 23 and 24Tax due                       | 25.                                                                  |        |
| 26.        | Overpayment. Is line 22 less than line 23 plus line 24?<br>If so, line 23 plus line 24, minus line 22 Overpayment   | 26.                                                                  | 150.00 |
| 27.        | Penalty due with this return                                                                                        | 27.                                                                  |        |
| 28.        | Interest due with this return                                                                                       | 28.                                                                  |        |
| 29.        | Interest on underpayment of estimated tax (include Form OR-37)                                                      | 29.                                                                  |        |
| 30.        | Total penalty and interest (add lines 27 through 29)                                                                | 30.                                                                  |        |

Continued on next page



| 2022 Form                                             | OR-20                                                              | Oregon Department of Revenue                     |
|-------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------|
| Page 5 of 7 • Use                                     | UPPERCASE letters. • Use blue or black ink. • Print actual size (1 | 00%). • Don't submit photocopies or use staples. |
| 31. Total due (line 25 plus line                      | e 30) <b>Total due</b> 31.                                         |                                                  |
| 32. <b>Refund</b> available (line 26                  | minus line 30)                                                     | 150.00                                           |
| 33. Amount of refund to be cr                         | redited to your open estimated tax account 33.                     | 150.00                                           |
| 34. Net refund (line 32 minus                         | line 33) Net refund 34.                                            |                                                  |
| Schedule ES - Estimated<br>1. Quarter 1<br>Payer name | d tax payments, other prepayments, and refu                        | Indable credits                                  |
| Payer FEIN                                            | Date paid                                                          |                                                  |
| 1. Amount paid                                        | 1.                                                                 | 0.00                                             |
| 2. Quarter 2<br>Payer name                            |                                                                    |                                                  |
| Payer FEIN                                            | Date paid                                                          |                                                  |
| 2. Amount paid                                        |                                                                    |                                                  |
| 3. Quarter 3<br>Payer name                            |                                                                    |                                                  |
| Payer FEIN                                            | Date paid                                                          |                                                  |
| 3. Amount paid                                        |                                                                    | Continued on next page                           |
| 150.102.020                                           | 273205 11-01-22                                                    |                                                  |



|      | 2022 Form OR-20                                                                            |                               | Oregon Department of Revenue          |        |
|------|--------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|--------|
|      | Page 6 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Pr                         | rint actual size (100%). ●Don | 't submit photocopies or use staples. |        |
|      | uarter 4<br>name                                                                           |                               |                                       |        |
| Paye | FEIN Date paid                                                                             |                               |                                       |        |
| 4.   | Amount paid                                                                                | . 4.                          |                                       |        |
| Sch  | edule ES                                                                                   |                               |                                       |        |
| 5.   | Overpayment of another year's tax applied as a credit against this year's tax              | . <b>5</b> .                  |                                       | 150.00 |
| 6.   | Payments made with extension or other prepayments for this tax year Date paid (MM/DD/YYYY) | 6.                            |                                       | 150.00 |
|      | 05/15/2023                                                                                 |                               |                                       |        |
| 7.   | Total refundable credits from Schedule OR-ASC-CORP, Section E                              | 7.                            |                                       |        |
| 8.   | Total prepayments and refundable credits (carry to line 23 on page 4)                      | 8.                            |                                       | 300.00 |

Continued on next page





# 2022 Form OR-20

Oregon Department of Revenue

Page 7 of 7 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Under penalty of false swearing, I declare that the information in this return and any enclosures are true, correct, and complete. Officer signature

#### Х

Date (MM/DD/YYYY)

Officer first name

Officer last name

THOMAS

Initial

#### NICK

Officer title

#### SENIOR DIRECTOR

Preparer signature other than taxpayer

| X DARIN JAMES Date (MM/DD/YYYY)   | Phone                                      | Preparer license number |
|-----------------------------------|--------------------------------------------|-------------------------|
| 10/08/2023<br>Preparer first name | 310-843-9700<br>Initial Preparer last name | P00361390               |
| DARIN<br>Preparer address         | JAMES                                      |                         |
| 707 WILSHIRE BLVD, STE            | 4950                                       | State ZIP code          |
| LOS ANGELES                       |                                            | CA 90017                |

Mail refund returns and no tax due returns to: Refund, PO Box 14777, Salem OR 97309-0960 Mail tax-to-pay returns with payment to: Oregon Department of Revenue, PO Box 14790, Salem OR 97309-0470

Do not include a payment voucher with your return. Include a complete copy of your federal Form 1120 and schedules.



#### Oregon Department of Revenue 2022 Schedule OR-AP Apportionment of Income for Corporations and Partnerships

Page 1 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Taxpayer legal name (as shown on your Oregon return)

#### QLESS, INC.

Federal employer identification number (FEIN)

#### 27-1155885

Describe the nature and provide the location(s) of your Oregon business activities:

### Part 1 - Apportionment information

| Pro | perty/real estate income and interest factor                            | (Don't enter an amount less than zero) |           |
|-----|-------------------------------------------------------------------------|----------------------------------------|-----------|
| Ore | gon                                                                     |                                        |           |
| 1a. | Inventories                                                             | 1a.                                    |           |
| 2a. | Buildings and other depreciable assets                                  | 2a.                                    | 0.00      |
| За. | Land                                                                    | За.                                    |           |
| 4a. | Other assets                                                            | 4a.                                    |           |
| 5a. | Minus: Construction in progress                                         | 5a.                                    |           |
| 6a. | Rented property (capitalize at 8 times the rental rate paid)            | 6a.                                    | 35,840.00 |
| 7a. | Net income from real property (insurance only)                          | 7a.                                    |           |
| 8a. | Interest received on loans secured by real property<br>(insurance only) | 8a.                                    |           |
| 9a. | Total property or real estate income and interest (Oregon)              | 9a.                                    | 35,840.00 |

Continued on next page



(Rev. 08-04-22, ver. 01) 273931 06-12-23 1019

150-102-171

11 2022.04030 QLESS, INC.

| 2022 Schedule OR-AP | Oregon Department of Revenue |
|---------------------|------------------------------|
|---------------------|------------------------------|

|      | Page 2 of 4 • Use UPPERCASE letters. • Use blue or black ink            | . ● Print actual size (100%). ● Don't submit p | photocopies or use staples. |
|------|-------------------------------------------------------------------------|------------------------------------------------|-----------------------------|
|      | rywhere                                                                 |                                                |                             |
| 1b.  | Inventories                                                             | 1b.                                            |                             |
| 2b.  | Buildings and other depreciable assets                                  | 2b.                                            | 211,870.00                  |
| 3b.  | Land                                                                    | 3b.                                            |                             |
| 4b.  | Other assets                                                            | 4b.                                            |                             |
| 5b.  | Minus: Construction in progress                                         | 5b.                                            |                             |
| 6b.  | Rented property (capitalize at 8 times the rental rate paid)            | 6b. STATEMENT 1                                | 1,417,600.00                |
| 7b.  | Net income from real property (insurance only)                          |                                                |                             |
| 8b.  | Interest received on loans secured by real property<br>(insurance only) | 8b.                                            |                             |
| 9b.  | <b>Total</b> property or real estate income and interest (Everywhere)   | 9b.                                            | 1,629,470.00                |
| Pay  | roll factor (wage and commission)                                       |                                                |                             |
|      | gon                                                                     |                                                |                             |
| 10a. | Compensation of officers                                                | 10a.                                           |                             |
| 11a. | Other wages, salaries, and commissions                                  | 11a.                                           | 82,036.00                   |
| 12a. | Total wages and compensation (Oregon)                                   | 12a.                                           | 82,036.00                   |
| Eve  | rywhere                                                                 |                                                |                             |
| 10b. | Compensation of officers                                                | 10b.                                           |                             |
| 11b. | Other wages, salaries, and commissions                                  | 11b. STATEMENT 2                               | 5,161,865.00                |
| 12b. | Total wages and compensation (Everywhere)                               | 12b.                                           | 5,161,865.00                |
|      |                                                                         |                                                | Continued on next page      |
|      | 150-102-171<br>(Rev. 08-04-22, ver. 01) 273932 10-31-22 1019            |                                                | 15572201021019              |

18481011 147227 0553984-0553984.CORP

12 2022.04030 QLESS, INC.

05539841

Page 3 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

| 2022 Schedule OR-AP | Oregon De |
|---------------------|-----------|
|                     |           |

partment of Revenue

| Sale | Sales factor                                                      |                 |              |  |  |  |
|------|-------------------------------------------------------------------|-----------------|--------------|--|--|--|
| Oreg | non                                                               |                 |              |  |  |  |
| -    | Shipped from outside Oregon                                       | 13.             | 0.00         |  |  |  |
| 14.  | Shipped from inside Oregon                                        | 14.             |              |  |  |  |
| 15.  | Shipped from Oregon to the United States government               | 15.             |              |  |  |  |
| 16.  | Shipped from Oregon to purchasers where corporation isn't taxable | . 16.           |              |  |  |  |
| 17.  | Partnership sales (from Schedule OR-PI)                           | 17.             |              |  |  |  |
| 18.  | Other business receipts                                           | 18. STATEMENT 3 | 83,564.00    |  |  |  |
| 19.  | Direct premiums (insurance only)                                  | 19.             |              |  |  |  |
| 20.  | Annuity considerations (insurance only)                           | 20.             |              |  |  |  |
| 21.  | Finance and service charge (insurance only)                       | 21.             |              |  |  |  |
| 22a. | Total sales (Oregon)                                              | 22a.            | 83,564.00    |  |  |  |
| Ever | ywhere                                                            |                 |              |  |  |  |
|      | Total sales (Everywhere)                                          | 22b.            | 8,503,223.00 |  |  |  |
| 23.  | Oregon apportionment percentage (See Instructions) (Enter the     | STATEMENT 4     |              |  |  |  |

.9827 % 

Continued on next page



18481011 147227 0553984-0553984.CORP



Oregon Department of Revenue

Page 4 of 4 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

#### Part 2 - Taxable income computation

| 1.   | Income                                                                                   | 1.               | -4,989,314.00 |
|------|------------------------------------------------------------------------------------------|------------------|---------------|
| 2.   | Subtract: Net nonapportionable income included in line 1. Include schedule               | 2.               |               |
| 3.   | Subtract: Gains from prior year installment sales included in line 1.                    | 3.               |               |
| 4.   | Total net income subject to apportionment                                                | 4.               | -4,989,314.00 |
| 5.   | Oregon apportionment percentage (from part 1, line 23)<br>(Round to four decimal places) | 5.               | .9827 %       |
| 6.   | Income apportioned to Oregon (line 4 times line 5)                                       | 6.               | -49,030.00    |
| 7.   | Add: Net nonapportionable income allocated entirely to Oregon. Include schedule          | 7.               |               |
| 8.   | Add: Gain from prior year installment sales apportioned to Oregon. Include schedule      | 8.               |               |
| 9.   | Total of lines 6, 7, and 8                                                               | 9.               | -49,030.00    |
| 10a. | Oregon apportioned net loss from prior years. Include schedule                           | 10a. STATEMENT 5 | 0.00          |
| 10b. | Net capital loss from other years. See instructions.                                     | 10b.             |               |
| 11.  | Total loss (line 10a plus line 10b)                                                      | . 11.            |               |
| 12.  | Oregon taxable income (line 9 minus line 11)                                             | . 12.            | -49,030.00    |



18481011 147227 0553984-0553984.CORP

14 2022.04030 QLESS, INC.

| QLESS, INC.     | Case 24-11395   | Doc 1  | Filed 06/19 | /24 | Page 297 of 316 | 27-1155885   |
|-----------------|-----------------|--------|-------------|-----|-----------------|--------------|
| SCHEDULE OR-AP  |                 | RENTI  | ED PROPERT  | Y   |                 | STATEMENT 1  |
| DESCRIPTION     |                 |        |             |     | OREGON          | EVERYWHERE   |
| REAL PROPERTY R | ENTED           |        |             | -   | 35,840.         | 1,417,600.   |
| TOTAL TO SCHEDU | LE OR-AP-1, LIN | NE 6   |             | -   | 35,840.         | 1,417,600.   |
| SCHEDULE OR-AP  | OTHER V         | NAGES, | SALARIES    | AND | COMMISSIONS     | STATEMENT 2  |
| DESCRIPTION     |                 |        |             |     | OREGON          | EVERYWHERE   |
| OTHERS          |                 |        |             | -   | 82,036.00       | 5,161,865.00 |
| TOTAL TO SCHEDU | LE OR-AP-1, LIN | NE 11  |             | -   | 82,036.00       | 5,161,865.00 |

| SCHEDULE OR-AP             | OTHER BUSINES   | S GROSS RECEIPTS | STATEMENT 3   |
|----------------------------|-----------------|------------------|---------------|
| DESCRIPTION                |                 |                  | OREGON        |
| INTEREST<br>SERVICE INCOME |                 |                  | 0.<br>83,564. |
| TOTAL TO SCHEDULE OF       | R-AP-1, LINE 18 |                  | 83,564.       |

| SCHEDULE OR-AP APPORTIC                                                    | APPORTIONMENT ST |            |                      |
|----------------------------------------------------------------------------|------------------|------------|----------------------|
| OREGON STANDARD APPORTIONMENT METHOD                                       |                  |            |                      |
|                                                                            | (A)              | (B)        | (C) =<br>(A/B) X 100 |
| 1. TOTAL SALES AND OTHER RECEIPTS<br>(SCHEDULE OR-AP-1, LINE 22)           | 83,564.          | 8,503,223. | (11,2) 11 200        |
| 2. OREGON APPORTIONMENT PERCENTAGE<br>(ENTER ON SCHEDULE OR-AP-1, LINE 23) |                  |            | .9827%               |

QLESS, INC.

27-1155885

| AVAILABLE<br>S YEAR |
|---------------------|
| 8,014.              |
| 30,748.<br>10,363.  |
| 2,841.<br>5,662.    |
|                     |

Electronic Filing PDF Attachment

QLESS, INC. EIN: 27-1155885 FYE: 12/31/22

#### **NET OPERATING LOSS ADJUSTMENT**

|              | NET          |            | ADJUSTED NET   |
|--------------|--------------|------------|----------------|
|              | OPERATING    |            | OPERATING LOSS |
|              | LOSS PER TAX |            | CARRYFORWARD   |
| TAX YEAR-END | RETURN       | ADJUSTMENT | TO 2021        |
|              |              |            |                |
| 12/31/2017   | 8,014        |            | 8,014          |
| 12/31/2018   | 30,748       |            | 30,748         |
| 12/31/2019   | 10,363       |            | 10,363         |
| 12/31/2020   | 3,127        | (286)      | 2,841          |
| 12/31/2021   | 5,857        | (196)      | 5,662          |
| Total        | 58,109       | (482)      | 57,628         |

THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.

|                       |            |               |               | ADJUSTMENT |
|-----------------------|------------|---------------|---------------|------------|
|                       | ADJUSTMENT | ADJUSTMENT TO |               | TO OR NET  |
|                       | то воок    | TAXABLE       | OR            | OPERATING  |
| LIST OF ADJUSTMENTS   | INCOME     | INCOME        | APPORTIONMENT | LOSS       |
|                       |            |               |               |            |
| 12/31/20 FINANCIAL    |            |               |               |            |
| STATEMENT REVIEW GAAP |            |               |               |            |
| ADJUSTMENT            | (184,199)  | (184,199)     | 0.1554%       | (286)      |
| 12/31/21 FINANCIAL    |            |               |               |            |
| STATEMENT REVIEW GAAP |            |               |               |            |
| ADJUSTMENT            | (189,072)  | (189,072)     | 0.1034%       | (196)      |
| TOTAL ADJUSTMENT      | (373,272)  | (373,272)     |               | (482)      |

Case 24-11395 Doc 1 Filed 06/19/24 Page 301 of 316

### TAX RETURN FILING INSTRUCTIONS

TEXAS FORM 05-158-A/05-158-B AND 05-102

#### FOR THE YEAR ENDING

DECEMBER 31, 2022

#### PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

#### PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

#### TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

#### AMOUNT OF TAX:

| TOTAL TAX                    | \$<br>2,304.38 |
|------------------------------|----------------|
| LESS: PAYMENTS AND CREDITS   | \$<br>2,500.00 |
| PLUS: OTHER AMOUNT           | \$<br>0.00     |
| PLUS: INTEREST AND PENALTIES | \$<br>0.00     |
| OVERPAYMENT                  | \$<br>195.62   |
|                              |                |

#### **OVERPAYMENT:**

| CREDIT TO ESTIMATED TAX | \$<br>0.00   |
|-------------------------|--------------|
| OTHER AMOUNT            | \$<br>0.00   |
| REFUNDED TO YOU         | \$<br>195.62 |

#### MAKE CHECK PAYABLE TO:

#### NOT APPLICABLE

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-SO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE TEXAS COMPTROLLER. DO NOT MAIL A COPY OF THE RETURN.

#### **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FORM 8879-SO TO US BY NOVEMBER 15, 2023.

#### **SPECIAL INSTRUCTIONS:**

# State-Only e-file Signature Authorization

► Do not send to the Taxing Authority. This is not a tax return.

Keep this form for your records.

27 :1155885

FEIN

| 18481011 147227 0553984-0553984.CORP 2022.04030 QLESS, INC. |
|-------------------------------------------------------------|
|-------------------------------------------------------------|

| Under penalties of perjury, I declare that I have examined a copy of my electronic income tax return<br>the best of my knowledge and belief, it is true, correct, and complete. I consent to allow my interment<br>to send my return to the taxing authority and to receive from the taxing authority ( <b>a</b> ) an acknowledge<br>reason for any delay in processing the return or refund, and ( <b>c</b> ) the date of any refund. If applicable,<br>initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indo<br>owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry<br>financial institutions involved in the processing of the electronic payment of taxes to receive confide<br>related to the payment. I further acknowledge that the personal identification number (PIN) below is<br>my Electronic Funds Withdrawal Consent. | diate service provider, transmitter,<br>ement of receipt or reason for reject<br>I authorize the taxing authority and<br>dicated in the tax preparation softwa<br>to this account. I further understain<br>ntial information necessary to answ | or electronic return originator (ERO)<br>totion of the transmission, (b) the<br>d its designated Financial Agent to<br>are for payment of my state taxes<br>nd that this also authorizes the<br>ver inquiries and resolve issues |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Taxpayer's PIN: check one box only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  |
| X lauthorize COHNREZNICK LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | to enter or generate my PIN                                                                                                                                                                                                                    | 55885                                                                                                                                                                                                                            |
| <b>ERO firm name</b><br>as my signature on my tax year 2022 electronically filed income tax return.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                | Enter five numbers, but do not enter all zeros                                                                                                                                                                                   |
| I will enter my PIN as my signature on my tax year 2022 electronically filed income PIN and your return is filed using the Practitioner PIN method. The ERO must com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                | <b>y</b> if you are entering your own                                                                                                                                                                                            |
| Your signature 🕨                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date 🕨                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  |
| Part III Certification and Authentication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                  |
| ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 96289622147                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | do not enter all ze                                                                                                                                                                                                                            | eros                                                                                                                                                                                                                             |

Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2022 electronically filed income tax return for the taxpayer indicated above.

ERO's signature 
COHNREZNICK LLP

#### ERO Must Retain This Form Do Not Submit This Form to the Taxing Authority

219875 04-01-22



Taxpayer name

QLESS, INC. Part I Electronically Filed States

#### TEXAS

Part II

Date > 10/08/2023

|                       |                       | Case     | 24-11395    | DOC T      | Filed 06/19/2   | 4 Page 303               | 01 310                               |  |
|-----------------------|-----------------------|----------|-------------|------------|-----------------|--------------------------|--------------------------------------|--|
| 147227C <sub>28</sub> | 80761                 |          |             |            |                 |                          | _                                    |  |
| TX2023                | 05-164                |          | Texa        | s Franchis | e Tax Extension | Request                  |                                      |  |
| Ver. 14.0             | (Rev.5-22/10)         |          |             |            |                 |                          |                                      |  |
|                       | Tcode                 | 13258    | ANNUAL      |            |                 |                          |                                      |  |
| Taxpayer              | number                |          |             | Report yea | r Due date      |                          |                                      |  |
| * * * * *             | ****                  | <b>O</b> | <b>R</b> Y( | 2023       | <b>R</b> 11/15  | 72023                    | RDS                                  |  |
| Taxpayer name         | QLESS                 | , INC.   |             |            |                 |                          | Secretary of State file number       |  |
| Mailing addres        | s<br>LLER ALI         | LEY, SU  | JITE 210    | n N        | <b>NT</b>       | =11 F                    | or Comptroller file number           |  |
| City<br>PASAD         | ENA                   |          | State<br>CA |            | Country<br>USA  | ZIP code plus 4<br>91105 | Check box if the address has changed |  |
| Check box if th       | nis is a combined rec | ort      |             |            |                 | •                        | L.                                   |  |

-1 00/40

000 - 4 01 0

If an online extension payment is made, the taxable entity should NOT submit a paper Extension Request (Form 05-164).

If this extension is for a combined group, you must also complete and submit Form 05-165.

Note to mandatory Electronic Fund Transfer (EFT) payers: When requesting a second extension do not submit an Affiliate List Form 05-165.

1. Extension payment (Dollars and cents)

1.■

2500.00

| Print or type name NICK THOMAS                                                                                                                                                                                                                       | Area code and phone (415) 30 | e number<br>9 — 2787 |                                                |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------|------------------------------------------------|--|--|
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.                                                                                                                      |                              |                      | ail original to:<br>troller of Public Accounts |  |  |
| sign<br>here                                                                                                                                                                                                                                         |                              |                      |                                                |  |  |
| Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.                                                                                                    |                              |                      |                                                |  |  |
| Taxpayers who paid \$10,000 or more during the preceding fiscal year (Sept. 1 thru Aug. 31) are required to electronically pay their franchise tax.<br>For more information visit www.comptroller.texas.gov/taxes/franchise/filing-requirements.php. |                              |                      |                                                |  |  |

**Texas Comptroller Official Use Only** 



| VE/DE   |    |     |  |  |
|---------|----|-----|--|--|
| PM Date |    |     |  |  |
|         |    |     |  |  |
|         | 10 | 019 |  |  |

Г

#### Case 24-11395 Doc 1 Filed 06/19/24 Page 304 of 316

| 147227 | C 280701 |
|--------|----------|
|--------|----------|

TX2023 05-102 Ver. 14.0 (Rev.9-15/33) **Texas Franchise Tax Public Information Report** 

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

13196 Tcode

| Taxpayer number                               | Report year            | You have certain rights under Chapter 552 and 559                  |
|-----------------------------------------------|------------------------|--------------------------------------------------------------------|
|                                               |                        | Government Code, to review, request and correct information        |
| * * * * * * * *                               | 2023                   | we have on file about you. Contact us at 1-800-252-1381.           |
| Taxpayer name QLESS, INC.                     |                        | Check box if the mailing address has changed.                      |
| Mailing address<br>21 MILLER ALLEY, SUITE 210 |                        | Secretary of State (SOS) file number or<br>Comptroller file number |
| City PASADENA                                 | State CA ZIP code plus | 4 91105                                                            |

|   | Check box if th      | nere ar | e currently      | / no changes | from previou | s year; if ı | no informa | ation is displ | ayed, c   | complet | e the applicable information in Sections A, I | B and C. |
|---|----------------------|---------|------------------|--------------|--------------|--------------|------------|----------------|-----------|---------|-----------------------------------------------|----------|
| F | Principal office     | 21      | MILLE            | R ALLEY      | , SUITE      | 210,         | PASAD      | ENA, CA        | <u>91</u> | L105    |                                               |          |
| F | Principal place of b | ousine  | <sub>ss</sub> 21 | MILLER       | ALLEY,       | SUITE        | S 210,     | PASADI         | ENA,      | CA      | 91105                                         |          |

You must report officer, director, member, general partner and manager information as of the date you complete this report. Please sign below!

#### This report must be signed to satisfy franchise tax requirements.

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager

| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Title             |                                     | Director             |                     | <u>m m</u>    | d d y            | у            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------|----------------------|---------------------|---------------|------------------|--------------|
| JAMES HARVEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CEO               |                                     | YES                  | Term<br>expiration  |               |                  |              |
| Mailing address 21 MILLER ALLEY, SUITE 210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | DENA                                |                      | State CA            |               | ZIP Code         | 91105        |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Title             |                                     | Director             | State               | mm            | d d y            | V            |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The               |                                     | YES                  | Term                |               | uuy              | y            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                     |                      | expiration          |               |                  |              |
| Mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City              |                                     | 1                    | State               | _             | ZIP Code         |              |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Title             |                                     | Director             |                     | m             | d d y            | y            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                     | YES                  | Term                |               |                  |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                     |                      | expiration          |               |                  |              |
| Mailing address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City              |                                     |                      | State               |               | ZIP Code         |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                     |                      |                     |               |                  |              |
| <b>SECTION B</b> Enter information for each corporation, LLC, LP, PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | or financial in   | nstitution, if any, in which t      | his entity owns      | an interest of      | 10 percer     | nt or more.      |              |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | State of formation                  | Texas S              | OS file number, i   | fany F        | Percentage of ow | nership      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                     |                      |                     |               |                  |              |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | State of formation                  | Texas S              | OS file number, i   | fany F        | Percentage of ow | nership      |
| <b>SECTION C</b> Enter information for each corporation, LLC, LP, PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A or financial in | i<br>Institution, if any, that owns | an interest of       | 10 percent or       | more in th    | is entity.       | ]            |
| Name of owned (parent) corporation, LLC, LP, PA or financial institution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   | State of formation                  |                      | OS file number, i   |               | Percentage of ow | nership      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                     |                      |                     |               | 5                |              |
| Registered agent and registered office currently on file (see instructions if you n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | eed to make cha   | nges)                               |                      | e a filing with the |               |                  | e registered |
| Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                     | agent, registere     | ed office or gener  | al partner in | formation.       |              |
| Office:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | City                                |                      |                     | State         | ZIP Co           | de           |
| The information on this form is required by Section 171.203 of the Tax Code for $\epsilon$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | each corporation, | LLC, LP, PA or financial instituti  | ion that files a Tex | as Franchise Tax    | Report. Us    | e additional     |              |
| sheets for Sections A, B and C, if necessary. The information will be available for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | public inspection | n.                                  |                      |                     |               |                  |              |
| I declare that the information in this document and any attachments is true and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | correct to the be | st of my knowledge and belief, a    | is of the date belo  | w, and that a cop   | y of this rep | ort has          |              |
| been mailed to each person named in this report who is an officer, director, me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mber, general par | tner or manager and who is not      | currently employe    | d by this or a rela | ated corpora  | ation,           |              |
| LLC, LP, PA or financial institution.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                     |                      |                     | 1             |                  |              |
| here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tit               |                                     | Date                 |                     |               | e and phone nur  |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | ENIOR DIREC                         |                      |                     | (415          | <u>) 309–2</u>   | /8/          |
| Te<br>Till Blue Blue Land, and a state of the s | xas Comptr        | oller Official Use Only             |                      |                     | 11-11         |                  |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AT 1 11''         |                                     |                      | VE/DE               |               | PIR IND          |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                     |                      |                     | 1 1           |                  |              |
| III HOLHIN KAIINKTIKIKN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                     |                      |                     |               |                  |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                     |                      |                     |               |                  |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ቀም በ ባ            |                                     |                      |                     |               |                  |              |



0271155885023

| Case 2                                                                   | 4-11395                                  | Doc 1             | Filed            | 06/19/24                                              | Page 3   | 305 of 316 |                                                              |
|--------------------------------------------------------------------------|------------------------------------------|-------------------|------------------|-------------------------------------------------------|----------|------------|--------------------------------------------------------------|
| 147227 C <sub>280711</sub>                                               |                                          |                   |                  |                                                       | 5        |            |                                                              |
| TX2023 05-158-A                                                          | _                                        |                   |                  |                                                       |          |            |                                                              |
| Ver. 14.0 (Rev.9-16/9)                                                   | Теха                                     | as Franch         | hise Tax         | Report - Pa                                           | age 1    |            |                                                              |
| ■Tcode 13250 AN                                                          | ΙΝΙΤΙΆΤ.                                 |                   |                  |                                                       |          |            |                                                              |
| Taxpayer number                                                          | INOAT                                    | Report            | vear             | Due date                                              |          |            |                                                              |
|                                                                          |                                          | hopoirt           | you              |                                                       |          |            |                                                              |
| ****                                                                     |                                          | 2023              |                  | 11/15/2                                               | 2023     |            |                                                              |
| Taxpayer name<br>QLESS, INC.                                             |                                          |                   |                  |                                                       |          |            | Secretary of State file number<br>or Comptroller file number |
| Mailing address 21 MILLER AL                                             | LEY, SU                                  | ITE 21            | 0                |                                                       |          |            |                                                              |
| City                                                                     | State                                    |                   | Country          |                                                       | ZIP code |            | Check box if the address has changed                         |
| PASADENA                                                                 | CA                                       |                   | USA              |                                                       | 9110     | 5          | address has changed                                          |
| Check box if this is a combined report                                   | Check box if Total<br>Tiered Partnership |                   |                  | ∎□                                                    |          |            |                                                              |
| Is this entity a corporation, limited liability company, pro             | fessional associatio                     | n, limited partne | ership or financ |                                                       |          | X Yes      | No                                                           |
| ** If not twelve months, see instructions fo                             |                                          |                   |                  |                                                       |          |            |                                                              |
| Accounting year $m m d d y y$<br>begin date** $\blacksquare$ 0 1 0 1 2 2 | Accoun                                   | ting year         | m m d            | $\begin{array}{c} d & y & y \\ 1 & 2 & 2 \end{array}$ |          | SIC code   | NAICS code                                                   |
|                                                                          | 2 end dat                                | e ∎               | 1 2 3            | 122                                                   |          |            | 513210                                                       |
| <b>REVENUE</b> (Whole dollars only)                                      |                                          |                   |                  |                                                       |          |            |                                                              |
| 1. Gross receipts or sales                                               |                                          |                   | 1.■              |                                                       |          |            | 8481600 <b>.00</b>                                           |
| 2. Dividends                                                             |                                          |                   | 1.−<br>2.■       |                                                       |          |            | 0.00                                                         |
|                                                                          |                                          |                   |                  |                                                       |          |            | -                                                            |
| 3. Interest                                                              |                                          |                   | 3.■              |                                                       |          |            | 21623 <b>.00</b>                                             |
| 4. Rents (can be negative amount)                                        |                                          |                   | 4.■              |                                                       |          |            | 0 <b>.00</b>                                                 |
|                                                                          |                                          |                   |                  |                                                       |          |            |                                                              |
| 5. Royalties                                                             |                                          |                   | 5.■              |                                                       |          |            | 0.00<br>0.00                                                 |
| 6. Gains/losses (can be negative amoun                                   | nt)                                      |                   | 6.■              |                                                       |          |            | 0.00                                                         |
| 7. Other income (can be negative amound                                  | nt)                                      |                   | 7.∎              |                                                       |          |            | -164649 <b>.00</b>                                           |
| 8. Total gross revenue (Add items 1 thru                                 |                                          | 8.■               |                  |                                                       |          |            | 8338574.00                                                   |
|                                                                          | - /                                      |                   |                  |                                                       |          |            |                                                              |
| 9. Exclusions from gross revenue $_{\mbox{(See}}$                        | instructions)                            | 9.■               |                  |                                                       |          |            | 0.00                                                         |
| <b>10. TOTAL REVENUE</b> (item 8 minus                                   | s item 9 if                              | <b>10.</b> ■      |                  |                                                       |          |            | 8338574 <b>.00</b>                                           |
|                                                                          |                                          |                   |                  |                                                       |          |            |                                                              |
| COST OF GOODS SOLD (Whole dollars of 11. Cost of goods sold              | only)                                    | 11.■              |                  |                                                       |          |            | 0 <b>. 00</b>                                                |
| 12. Indirect or administrative overhead                                  | costs                                    | 11.−<br>12.■      |                  |                                                       |          |            | 0.00                                                         |
| (Limited to 4%)                                                          | 00010                                    | 12.               |                  |                                                       |          |            | •••                                                          |
| <b>13. Other</b> (see instructions)                                      |                                          | 13.■              |                  |                                                       |          |            | 0 <b>.00</b>                                                 |
| (                                                                        |                                          |                   |                  |                                                       |          |            |                                                              |
| 14. TOTAL COST OF GOODS SOLD (Add item                                   | s 11 thru 13)                            | 14.■              |                  |                                                       |          |            | 0 <b>.00</b>                                                 |
| COMPENSATION (Whole dollars only)                                        |                                          |                   |                  |                                                       |          |            |                                                              |
|                                                                          |                                          | <b>.</b>          |                  |                                                       |          |            | 4494746 <b>.00</b>                                           |
| 15. Wages and cash compensation                                          |                                          | 15.■              |                  |                                                       |          |            | 441280 <b>.00</b>                                            |
| 16. Employee benefits                                                    |                                          | 16.■              |                  |                                                       |          |            | HH1200.00                                                    |
| 17. Other (see instructions)                                             |                                          | 17.■              |                  |                                                       |          |            | 0 <b>.00</b>                                                 |
|                                                                          |                                          |                   |                  |                                                       |          |            |                                                              |
| 18. TOTAL COMPENSATION (Add items                                        | 15 thru 17)                              | 18.■              |                  |                                                       |          |            | 4936026 <b>.00</b>                                           |
|                                                                          |                                          | Texas Com         | nptroller O      | fficial Use Onl                                       | y        |            |                                                              |



| VE/DE   |  |  |  |
|---------|--|--|--|
| PM Date |  |  |  |
|         |  |  |  |



# Case 24-11395 Doc 1 Filed 06/19/24 Page 306 of 316

| 147227C <sub>280712</sub>                                                              |                               | eu 00/19/24 Pa              | 0                           | _                         |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------|-----------------------------|---------------------------|
| 14.0                                                                                   | xas Franchise 1               | ax Report - Page 2          | 2                           |                           |
| ver. 14.0 (Rev.9-16/9)<br>■ Tcode 13251 ANNUAL                                         |                               |                             |                             |                           |
| Taxpayer number                                                                        | Report year                   | Due date                    | Taxpayer name               |                           |
| * * * * * * * * *                                                                      | 2023                          | 11/15/2023                  | QLESS, INC.                 |                           |
| MARGIN (Whole dollars only)                                                            |                               |                             |                             |                           |
| <b>19. 70% revenue</b> ( <i>item 10 X .70</i> )                                        | 19. ■                         |                             |                             | 5837002 <b>.00</b>        |
| 20. Revenue less COGS (item 10 - item 14)                                              | 20. ■                         |                             |                             | 8338574 <b>.00</b>        |
| 21. Revenue less compensation (item 10 - item 18)                                      | 21. ■                         |                             |                             | 3402548 <b>.00</b>        |
| 22. Revenue less \$1 million (item 10 - \$1,000,000)                                   | 22. ■                         |                             |                             | 7338574 <b>.00</b>        |
| 23. MARGIN (see instructions)                                                          | 23. ■                         |                             |                             | 3402548 <b>.00</b>        |
| APPORTIONMENT FACTOR<br>24. Gross receipts in Texas (Whole dollars only)               | 24. ■                         |                             |                             | 752641 <b>.00</b>         |
| 25. Gross receipts everywhere (Whole dollars only)                                     | 25. ■                         |                             |                             | 8338574 <b>.00</b>        |
|                                                                                        | 05 // //                      |                             | 26. ■                       | 0.0903                    |
| 26. APPORTIONMENT FACTOR (Divide item 24 by ite<br>TAXABLE MARGIN (Whole dollars only) | em 25, round to 4 de          | cimal places)               | 20                          | 0.0505                    |
| <b>27. Apportioned margin</b> (Multiply item 23 by item 26)                            | 27. ■                         |                             |                             | 307250 <b>.00</b>         |
| 28. Allowable deductions (see instructions)                                            | 28. ■                         |                             |                             | 0 <b>.00</b>              |
| 29. TAXABLE MARGIN (item 27 minus item 28)                                             | 29. ■                         |                             |                             | 307250 <b>.00</b>         |
| TAX DUE                                                                                |                               |                             |                             |                           |
| 30. Tax rate (see instructions for determining the approx                              | opriate tax rate)             | X X                         | X 30. ■                     | 0.007500                  |
| 31. Tax due (Multiply item 29 by the tax rate in item 30) (Dollars and c               | ents) <b>31.</b>              |                             |                             | 2304.38                   |
| TAX ADJUSTMENTS (Dollars and cents) (Do not includ                                     | le prior payments)            |                             |                             |                           |
| <b>32. Tax credits</b> (item 23 from Form 05-160)                                      | 32. ■                         |                             |                             | 0.00                      |
| 33. Tax due before discount (item 31 minus item 32)                                    | 33. ■                         |                             |                             | 2304.38                   |
| 34. Discount (see instructions, applicable to report years 2008 and 2                  | 009) <b>34.</b>               |                             |                             | 0.00                      |
| TOTAL TAX DUE (Dollars and cents)                                                      |                               |                             |                             |                           |
| 35. TOTAL TAX DUE (item 33 minus item 34)                                              | 35. ■                         |                             |                             | 2304.38                   |
| Do not include payment if item 35 is less than \$1,000 or                              | if annualized total re        | evenue is less than the no  | tax due threshold (see ins  | tructions). If the entity |
| makes a tiered partnership election                                                    | , ANY amount in iter          | n 35 is due. Complete Fo    | orm 05-170 if making a payı | ment.                     |
| Print or type name                                                                     |                               |                             | Area code and phone         |                           |
| NICK THOMAS                                                                            |                               |                             | (415) 309                   |                           |
| I declare that the information in this document and any attachments is tr              | ue and correct to the best of | of my knowledge and belief. | Mai                         | l original to:            |

| Sign Date P.O. Box 1 | Public Accounts |
|----------------------|-----------------|
| here Austin, TX 78   |                 |

Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.



Texas Comptroller Official Use Only

VE/DE

| PM Date |  |  |  |
|---------|--|--|--|
|         |  |  |  |



|                       |              | Case 24-11395 | Doc 1     | Filed 06/19/24     | Page 307 of 316                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|-----------------------|--------------|---------------|-----------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 147227C <sub>28</sub> | 0821         |               |           |                    | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| TX2023                | 05-170       |               |           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Ver. 14.0             | (Rev.9-16/9) | Тех           | as Franch | nise Tax Payment F | orm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                       |              | 13050 ANNUAL  |           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                       | ■ Tcode      | 13030 ANNOAL  |           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Taxpayer              | number       |               | Report y  | Due date           | CODDC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| ****                  | ****         |               | 2023      | 11/:               | 15/2023 <b>DD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Taxpayer na           | me           |               |           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                       |              |               |           |                    | II E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| QLESS                 | , INC.       |               |           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                       |              |               |           |                    | i in the second s |  |
|                       |              |               |           |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

| 1. | Total tax due on this report<br>(item 35 from Form 05-158-B or item 17 from Form 05-169) | 1. | 2304.38 |
|----|------------------------------------------------------------------------------------------|----|---------|
| 2. | Enter prior payment (e.g. extension payment)                                             | 2. | 2500.00 |
| 3. | Net tax due (item 1 minus item 2)                                                        | 3. | -195.62 |
| 4. | Penalty (see instructions)                                                               | 4. | 0.00    |
| 5. | Interest (see instructions)                                                              | 5. | 0.00    |

TOTAL AMOUNT DUE AND PAYABLE (Add items 3, 4 and 5)
 Make amount payable to TEXAS COMPTROLLER

Taxpayers who paid \$10,000 or more during the preceding fiscal year (Sept. 1 thru Aug. 31) are required to electronically pay their franchise tax. For more information visit www.comptroller.texas.gov/taxes/franchise/filing-requirements.php.

# FOR Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348

Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.

**Texas Comptroller Official Use Only** 

| Ι     |
|-------|
| Ι     |
| Ι     |
| Ι     |
| <br>I |



-195.62

Case 24-11395 Doc 1 Filed 06/19/24 Page 308 of 316

### TAX RETURN FILING INSTRUCTIONS

VIRGINIA FORM 500

#### FOR THE YEAR ENDING

DECEMBER 31, 2022

#### PREPARED FOR:

QLESS, INC. 21 MILLER ALLEY, SUITE 210 PASADENA, CA 91105

#### PREPARED BY:

COHNREZNICK LLP 707 WILSHIRE BLVD, STE 4950 LOS ANGELES, CA 90017

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

#### AMOUNT OF TAX:

| TOTAL TAX                    | \$<br>0 |
|------------------------------|---------|
| LESS: PAYMENTS AND CREDITS   | \$<br>0 |
| PLUS: OTHER AMOUNT           | \$<br>0 |
| PLUS: INTEREST AND PENALTIES | \$<br>0 |
| NO PAYMENT REQUIRED          | \$      |

#### **OVERPAYMENT:**

NOT APPLICABLE

#### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR ACCURACY, PLEASE SIGN, DATE AND RETURN VA-8879C TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN TO THE VADOT. DO NOT MAIL A COPY OF THE RETURN.

#### **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN VA-8879C TO US BY NOVEMBER 15, 2023.

SPECIAL INSTRUCTIONS:

Case 24-11395 Doc 1 Filed 06/19/24 Page 309 of 316

### Form 500

Virginia Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

# 2022 Virginia Corporation Income Tax Return



| Attention: Return must be filed electronically. Use this form only if you have an approved waiver.<br>Do not file this form to carry back a net operating loss. Use Form 500NOLD. |                                                  |                           |                     |               |                                             |                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------|---------------------|---------------|---------------------------------------------|------------------------------------------|--|
| FISCAL or                                                                                                                                                                         | carry Dack a net                                 | , 0                       |                     |               |                                             |                                          |  |
| SHORT Year Filer: Beginning Date                                                                                                                                                  | Change in A                                      |                           | g Date              |               |                                             |                                          |  |
| Short Year Return                                                                                                                                                                 | Unange III A<br>Name                             | ccounting Period          |                     |               |                                             | Check all that apply:                    |  |
| 27-1155885                                                                                                                                                                        | OLESS                                            | S, INC.                   |                     |               |                                             | Initial Filer                            |  |
| Mailing Address                                                                                                                                                                   | Name Change                                      |                           |                     |               |                                             |                                          |  |
| 21 MILLER ALLEY, SUITE 210                                                                                                                                                        |                                                  |                           |                     |               |                                             |                                          |  |
| City or Town                                                                                                                                                                      | ,                                                |                           | State               | ZIP Code      |                                             | Physical Address Change                  |  |
| PASADENA                                                                                                                                                                          |                                                  |                           | CA                  | 9110          | )5                                          |                                          |  |
| Physical Address (if different from Mailing                                                                                                                                       | g Address)                                       |                           | •                   | •             |                                             | Entity Type Code                         |  |
|                                                                                                                                                                                   |                                                  |                           |                     |               |                                             | CC                                       |  |
| Physical City or Town                                                                                                                                                             |                                                  |                           | State               | ZIP Code      |                                             | NAICS Code                               |  |
| -                                                                                                                                                                                 |                                                  |                           |                     |               |                                             | 513210                                   |  |
| Date Incorporated                                                                                                                                                                 | State or Country of I                            |                           | Description of B    | -             |                                             |                                          |  |
| 07/02/2009                                                                                                                                                                        | CALIFOR                                          |                           | QUEUE               | MGMT S        | SOFTWAR                                     |                                          |  |
| Check Applicable Boxes                                                                                                                                                            |                                                  | Final Return              |                     |               |                                             | Telecommunications Company               |  |
| Consolidated - Sch. 500                                                                                                                                                           | AC Enclosed                                      | Final Return - Ch         | neck here and       | applicable    | Enter amou                                  | int from Form 500T, Line 7:              |  |
|                                                                                                                                                                                   |                                                  | boxes below.              |                     |               |                                             |                                          |  |
| Combined - Sch. 500AC                                                                                                                                                             |                                                  |                           |                     |               | -                                           | .00                                      |  |
| Combined / Consolidate                                                                                                                                                            |                                                  | Withdrawn                 |                     |               | Noncorpor                                   | ate Telecommunications Company           |  |
| Enter number of affiliate                                                                                                                                                         | es:                                              |                           | . I.a Kabla         | forton        |                                             |                                          |  |
| Change in Filing Status                                                                                                                                                           |                                                  | Dissolved - No            | o longer liable     | for tax.      |                                             | nd enter amount from Form 500T, Line 10: |  |
| X Sch. 500A Enclosed                                                                                                                                                              |                                                  | Dissolved Date            | <b>.</b> .          |               |                                             | .00                                      |  |
| Sch. 500AB Enclosed                                                                                                                                                               |                                                  | Dissolved Date            |                     |               | Electric Su                                 | pplier Company                           |  |
|                                                                                                                                                                                   |                                                  | Merged                    |                     |               | Enter amount from Sch. 500EL, Line 7 or 14: |                                          |  |
| Nonprofit Corporation                                                                                                                                                             |                                                  |                           |                     |               |                                             |                                          |  |
|                                                                                                                                                                                   |                                                  | Merger Date:              | Merger Date:        |               |                                             | .00                                      |  |
| Certified Company App                                                                                                                                                             | -                                                |                           |                     | Home Serv     | vice Contract Provider                      |                                          |  |
| Sch. 500AP Enclosed                                                                                                                                                               | Merged FEIN:                                     |                           |                     | Fater enter   | unt from Fourier 500110 Line 10:            |                                          |  |
|                                                                                                                                                                                   |                                                  |                           |                     |               | Enter amount from Form 500HS, Line 10:      |                                          |  |
| Amended Return (See ir                                                                                                                                                            | nstructions)                                     | S Corp Effecti            | ve:                 |               | Check box if a noncorporate HSCP.           |                                          |  |
| Enter reason code:                                                                                                                                                                |                                                  |                           |                     |               | .00                                         |                                          |  |
| Questions and Related Inform                                                                                                                                                      | mation                                           |                           |                     |               | 1                                           |                                          |  |
| A. Have you made any paym                                                                                                                                                         |                                                  | ed corporation, a related | l individual, or    | other related | d entity for in                             | terest, royalties or other               |  |
| expenses related to intang                                                                                                                                                        |                                                  | •                         |                     |               |                                             |                                          |  |
| enclose Schedule 500AB.                                                                                                                                                           | -                                                |                           |                     |               |                                             | 20                                       |  |
|                                                                                                                                                                                   | Enter exc                                        | eption amount from Sc     | nedule 500AB        | , Line 8.     | A                                           | .00                                      |  |
| B. RESERVED FOR FUTUR                                                                                                                                                             | FUSE                                             |                           |                     |               | в.                                          |                                          |  |
| C. If a net operating loss ded                                                                                                                                                    |                                                  | ned in computing federal  | (1)                 | ear of Loss   | D                                           |                                          |  |
| taxable income on the U.S                                                                                                                                                         |                                                  | 1 0                       | • •                 |               |                                             |                                          |  |
| the requested information.                                                                                                                                                        |                                                  |                           | <sup>he</sup> (2) F | ederal NOL    |                                             |                                          |  |
| FEIN of the company gene                                                                                                                                                          | erating the NOL                                  | prior to the merger date. | . ,                 | Percent of fe | deral —                                     |                                          |  |
| FEIN                                                                                                                                                                              |                                                  |                           | N                   | IOL used th   | is year                                     | %                                        |  |
| (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.)                                                         |                                                  |                           |                     |               |                                             |                                          |  |
| D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and                                                                                          |                                                  |                           |                     |               |                                             |                                          |  |
| complete and enclose Sch                                                                                                                                                          | complete and enclose Schedule 500ADJ, Page 2. D. |                           |                     |               |                                             |                                          |  |
| E. Has your federal income ta                                                                                                                                                     | ax liability been r                              | edetermined with the      |                     | Ň             |                                             |                                          |  |
| IRS and finalized for any prior year(s) that has not previously been                                                                                                              |                                                  |                           |                     |               |                                             |                                          |  |
| reported to the Departmer                                                                                                                                                         | nt? If yes, provid                               | e the year(s).            |                     | Ň             | rear                                        |                                          |  |
|                                                                                                                                                                                   | <u> </u>                                         |                           | a                   |               | rear                                        |                                          |  |
| F. Location of corporation's l                                                                                                                                                    |                                                  | MILLER ALLEY,             | SUITE               | 210,          | -                                           |                                          |  |
| STATEMEN                                                                                                                                                                          |                                                  | THOM 3 C                  | 0                   | to at Dhara   | Number                                      | 115 200 2707                             |  |
| Contact for corporation's I                                                                                                                                                       |                                                  | THOMAS                    | Con                 | tact Phone    | Number 4                                    | 15-309-2787                              |  |

Va. Dept. of Taxation 2601004-W Rev. 07/22 283401 12-07-22 1019

Case 24-11395 Doc 1 Filed 06/19/24 Page 310 of 316

# 2022 Virginia Form 500 Page 2

FEIN 27-1155885



INCOME

| 1. Federal taxable income (from enclosed federal return)                | 1. | -4989314 .00 |
|-------------------------------------------------------------------------|----|--------------|
| 2. Total additions from Schedule 500ADJ, Section A, Line 7              | 2. | .00          |
| 3. Total (add Lines 1 and 2)                                            | 3. | -4989314 .00 |
| 4. Total subtractions from Schedule 500ADJ, Section B, Line 10          | 4. | .00          |
| 5. Balance (subtract Line 4 from Line 3)                                | 5. | -4989314 .00 |
| 6. Savings and Loan Association's Bad Debt Deduction (see instructions) | 6. | .00          |
| 7. Virginia taxable income (subtract Line 6 from Line 5)                | 7. | -4989314 .00 |

#### TAX COMPUTATION

| 8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions. |         |         |     |
|------------------------------------------------------------------------------------------------------|---------|---------|-----|
| (a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)                          | . 8(a). | -22685  | .00 |
| (b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)               | . 8(b). | .454676 | %   |
| (c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)             | . 8(c). |         | .00 |
| (d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)               | . 8(d). |         | .00 |
| 9. Income tax (6% of Line 7 or 6% of Line 8(a)) PAYMENTS AND CREDITS                                 | 9.      | 0       | .00 |
| 10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B      | . 10.   |         | .00 |
| 11. Adjusted corporate tax (subtract Line 10 from Line 9)                                            | . 11.   |         | .00 |
| 12. 2022 estimated Virginia income tax payments including overpayment credit from 2021               | . 12.   |         | .00 |
| 13. Extension payment                                                                                | 13.     |         | .00 |

| 14. Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A | 14. | .00 |
|----------------------------------------------------------------------------|-----|-----|
| 15. Pass-through entity total withholding from Schedule 500ADJ, Section D  | 15. | .00 |
| 16. Total payments and credits (add Lines 12 through 15)                   | 16. | .00 |
| REFUND OR TAX DUE                                                          |     |     |

| 17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)    | 17.        | .00         |
|-------------------------------------------------------------------------------------|------------|-------------|
| 18. Penalty (see instructions)                                                      | 18.        | .00         |
| 19. Interest (see instructions)                                                     | 19.        | .00         |
| 20. Additional charge from Form 500C, Line 17 (enclose Form 500C)                   | 20.        | .00         |
| 21. Total due (add Lines 17 through 20)                                             | 21.        | .00         |
| 22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) | 22.        | .00         |
| 23. Amount to be credited to 2023 estimated tax                                     | 23.        | .00         |
| 24. Amount to be refunded (subtract Line 23 from Line 22)                           | 24.        | .00         |
|                                                                                     | 23.<br>24. | .00.<br>.00 |

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

| By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. 🔶 🛛   |                              |                          |                                          |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|------------------------------------------|--|--|--|
| Date Signature of Officer                                                                                                     |                              | Title<br>SENIOR DIRECTOR |                                          |  |  |  |
| Printed Name of Officer                                                                                                       |                              |                          | Phone Number $415 - 309 - 2787$          |  |  |  |
| Print Preparer's Name and                                                                                                     | Firm Name DARIN JAMES<br>LLP |                          | Preparer Phone Number $310 - 843 - 9700$ |  |  |  |
| DateIndividual or Firm, Signature of PreparerAddress of Preparer707 WILSHIRE BLVD, S'10/08/23DARIN JAMESLOS ANGELES, CA 90017 |                              |                          | -                                        |  |  |  |
| Preparer's FEIN, PTIN, or SSN Approved Vendor Code 1019                                                                       |                              |                          |                                          |  |  |  |

#### IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

QLESS, INC.

#### 27-1155885

| VIRGINIA             | FOOTNOTES  | STATEMENT 1 |
|----------------------|------------|-------------|
| NET OPERATING LOSS C | ARRYOVERS: |             |
| 12/31/2018           |            | 93,135.     |
| 12/31/2019           |            | 9,197.      |
| 12/31/2020           |            | 14,619.     |
| 12/31/2021           |            | 58,760.     |
| 12/31/2022           |            | 22,686.     |
| TOTAL NOL CARRYOVER  | то 2023:   | 198,397.    |

### Case 24-11395 Doc 1 Filed 06/19/24 Page 312 of 316

2022 Virginia Schedule 500FED

# Corporation Schedule of Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500. Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

| Name as shown on Virginia return QLESS , INC .                                        | FEIN 27-1155 | 885                        |
|---------------------------------------------------------------------------------------|--------------|----------------------------|
| Form 1120 - Deductions and Taxable Income                                             |              |                            |
| 1. Federal Taxable Income before NOL and Special Deductions                           | 1            | -4989314 .00               |
| 2. Net Operating Loss Deduction                                                       |              | .00                        |
| 3. Special Deductions                                                                 |              |                            |
| 4. Federal Taxable Income after NOL and Special Deductions                            | 4.           | <u>.00</u><br>-4989314 .00 |
| Form 1120, Schedule C - Dividends and Special Deductions                              |              |                            |
| 5. Subpart F Income and/or Global Intangible Low-Taxed Income                         | 5            | .00                        |
| 6. Gross-Up for Foreign Taxes Deemed Paid                                             |              | .00                        |
| Form 1120, Schedule K or M-1                                                          |              |                            |
| 7. Tax Exempt Interest                                                                | 7.           | .00                        |
| Form 5884 - Work Opportunity Credit                                                   |              |                            |
| 8. Salaries and Wages not deducted due to the WOTC                                    | 8.           | .00                        |
| Form 4562 - Special Depreciation Allowance and Other Depreciation                     |              |                            |
| 9. Special depreciation allowance for qualified property placed in service during the |              |                            |
| taxable year                                                                          | 9.           | .00                        |
| 10. Property subject to 168(f)(1) election                                            |              | .00                        |
| 11. Other depreciation                                                                |              | .00                        |
| Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Income of           |              |                            |
| 12. Total: Dividends (Exclude Gross-up)                                               | 12.          | .00                        |
| 13. Total: Dividends (Gross-up)                                                       |              | .00                        |
| 14. Total: Inclusions (Exclude Gross-up)                                              |              | .00                        |
| 15. Total: Inclusions (Gross-up)                                                      |              | .00                        |
| 16. Total: Interest                                                                   |              | .00                        |
| 17. Total: Gross Rents, Royalties, and License Fees                                   |              | .00                        |
| 18. Total: Gross Income from Performance of Services                                  |              | .00                        |
| 19. Total: Other                                                                      |              | .00                        |
| 20. Total: Total Gross Income or Loss from Outside the US                             |              | .00                        |
| Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions                |              |                            |
| 21. Total: Allocable - Rental, Royalty, and Licensing Expenses -                      |              |                            |
| Depreciation, Depletion, and Amortization                                             | 21           | .00                        |
| 22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses       |              | .00                        |
| 23. Total: Allocable - Expenses Related to Gross Income from Performance of Services  | 23           | .00                        |
| 24. Total: Allocable - Other Allocable Deductions                                     |              | .00                        |
| 25. Total: Total Allocable Deductions                                                 |              | .00                        |
| 26. Total: Apportioned Share of Deductions                                            |              | .00                        |
| 27. Total: Net Operating Loss Deduction                                               |              | .00                        |
| 28. Total: Total Deductions                                                           | 28           | .00                        |
| Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income              |              |                            |
| 29. Total: Total Income or (Loss) Before Adjustments                                  | 29           | .00                        |

# Case 24-11395 Doc 1 Filed 06/19/24 Page 313 of 316

# 2022 Virginia Schedule 500A

# Corporation Allocation and Apportionment of Income



| Na                                                                                                         |                                                                                                                                                                   | as shown on Form 500<br>LESS,INC.                                                                                                               | FEIN<br>27-115 | 5885                            |                                                             |                        |  |  |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------|-------------------------------------------------------------|------------------------|--|--|
| Ch                                                                                                         |                                                                                                                                                                   | f you are - Filing a consolidated or combined return.<br>A certified company conducting business ir<br>apportionment method (enclose Schedule 5 |                |                                 | ties electing to use a modif                                | ied                    |  |  |
|                                                                                                            | A property information and analytics firm that has entered into a memorandum of understanding with VEDP and meets the criteria outlined in Va. Code § 58.1-422.4. |                                                                                                                                                 |                |                                 |                                                             |                        |  |  |
| S                                                                                                          | ecti                                                                                                                                                              | on A - Apportionment Method                                                                                                                     |                |                                 |                                                             |                        |  |  |
| 4                                                                                                          | Mot                                                                                                                                                               | tor Corrier Mileogo Easter                                                                                                                      | -, ;           |                                 | dified Apportionment Me                                     |                        |  |  |
|                                                                                                            |                                                                                                                                                                   | tor Carrier Mileage Factor                                                                                                                      | ]              | Sales Factor                    |                                                             | L                      |  |  |
|                                                                                                            |                                                                                                                                                                   | Exception 1 Exception 2                                                                                                                         |                | (a) Enter beginniı              | ng date of election year                                    |                        |  |  |
|                                                                                                            |                                                                                                                                                                   |                                                                                                                                                 |                | ., .                            | ployment certification rec                                  |                        |  |  |
|                                                                                                            |                                                                                                                                                                   | ancial Corporation Cost of Performance Factor                                                                                                   |                |                                 | y that the average weekly v                                 | 0                      |  |  |
| 3.                                                                                                         |                                                                                                                                                                   | nstruction Corporation                                                                                                                          | _              |                                 | yees is greater than the lov<br>e weekly wages for its indu |                        |  |  |
|                                                                                                            | Con                                                                                                                                                               | npleted Contract Basis Sales Factor                                                                                                             |                | the average an                  | nual number of full-time en                                 | ployees of the         |  |  |
| 4.                                                                                                         | Rail                                                                                                                                                              | way Company Revenue Car Miles                                                                                                                   |                |                                 | company is at least 90% o                                   |                        |  |  |
| 5.                                                                                                         | Reta                                                                                                                                                              | ail Company Apportionment                                                                                                                       | ¥              | 3. Enterprise Data C            | enter Operation                                             |                        |  |  |
| 6.                                                                                                         | Deb                                                                                                                                                               | ot Buyers Apportionment                                                                                                                         |                | 9. Multi-Factor Form            | nula With Double-Weighte                                    | d Sales X              |  |  |
| S                                                                                                          | ecti                                                                                                                                                              | on B - Apportionment Computation                                                                                                                |                |                                 | •                                                           |                        |  |  |
| 1.                                                                                                         | Sin                                                                                                                                                               | gle Factor Computation                                                                                                                          |                | Column A<br>Total               | Column B<br>Virginia                                        | Column C<br>Percentage |  |  |
|                                                                                                            |                                                                                                                                                                   | or carriers, financial corporations, construction corporations,                                                                                 |                |                                 |                                                             |                        |  |  |
|                                                                                                            |                                                                                                                                                                   | vay companies, retail companies, debt buyers, manufacturers                                                                                     |                |                                 |                                                             |                        |  |  |
|                                                                                                            |                                                                                                                                                                   | elected the modified apportionment method in Section A,                                                                                         | 1              | .00                             | .00                                                         | %                      |  |  |
| 2                                                                                                          |                                                                                                                                                                   | certain enterprise data center operations                                                                                                       | '              | .00                             | .00                                                         | 70                     |  |  |
| Ζ.                                                                                                         |                                                                                                                                                                   | -                                                                                                                                               |                | 1620470                         | 0                                                           | 000000                 |  |  |
|                                                                                                            | (a)<br>(৮)                                                                                                                                                        | Property Factor 2                                                                                                                               |                | <u>1629470.00</u><br>5161865.00 |                                                             |                        |  |  |
|                                                                                                            | (b)<br>(c)                                                                                                                                                        | Payroll Factor 2<br>Sales Factor 2                                                                                                              |                | 8503223.00                      |                                                             |                        |  |  |
|                                                                                                            | (0)                                                                                                                                                               |                                                                                                                                                 | (•/            |                                 |                                                             |                        |  |  |
|                                                                                                            | (d)                                                                                                                                                               | Double-Weighted Sales Factor Apportionment: Multiply the s                                                                                      | ales fa        | ctor from Line 2(c) by 2        |                                                             | 1.123856 %             |  |  |
|                                                                                                            | (e)                                                                                                                                                               |                                                                                                                                                 |                |                                 |                                                             | 1.818702 %             |  |  |
|                                                                                                            | (f)                                                                                                                                                               | Multi-Factor Percentage (Double-Weighted Sales): Divide Line<br>factors, if any, having no denominator                                          |                |                                 |                                                             | .454676 %              |  |  |
| 3.                                                                                                         | Inc                                                                                                                                                               | ome Subject to Virginia Tax                                                                                                                     |                |                                 | -(1)                                                        |                        |  |  |
|                                                                                                            | (a)                                                                                                                                                               | Virginia Taxable Income from Form 500, Line 7                                                                                                   |                |                                 | 3(a)                                                        | -4989314.00            |  |  |
|                                                                                                            | (b)                                                                                                                                                               | Total Dividends (total amount of allocable income)                                                                                              |                |                                 |                                                             | .00                    |  |  |
|                                                                                                            | (c)                                                                                                                                                               | Nonapportionable Investment Function Income. Enter on For                                                                                       | m 500          | , Line 8(c)                     | 3(c)                                                        | .00                    |  |  |
|                                                                                                            | (d) Add Lines 3(b) and 3(c)                                                                                                                                       |                                                                                                                                                 |                |                                 |                                                             | .00                    |  |  |
|                                                                                                            | (e)                                                                                                                                                               | Nonapportionable Investment Function Loss. Enter on Form                                                                                        | 500, L         | ine 8(d)                        | 3(e)                                                        | .00                    |  |  |
|                                                                                                            | (f) Total Nonapportionable Income. Line 3(d) minus Line 3(e)                                                                                                      |                                                                                                                                                 |                |                                 |                                                             | .00                    |  |  |
|                                                                                                            | (g)                                                                                                                                                               | Income Subject to Apportionment. Line 3(a) minus Line 3(f)                                                                                      | 3(g)           | -4989314.00                     |                                                             |                        |  |  |
| (h) Income Apportioned to Virginia. Multiply the percentage from Line 1 or Line 2(f) by Line 3(g) 3(h) -22 |                                                                                                                                                                   |                                                                                                                                                 |                |                                 |                                                             | -22685.00              |  |  |
|                                                                                                            | (i)                                                                                                                                                               | Dividends Allocated to Virginia. Portion of dividends reported                                                                                  | l on Lir       | ne 3(b)                         |                                                             | .00                    |  |  |
|                                                                                                            | (j)                                                                                                                                                               | Income Subject to Virginia Tax. Add Lines 3(h) and 3(i). Enter<br>2-07-22 1019 Va. Dept. of Taxation 2601006-W Rev. 07/22                       | on Fo          | rm 500, Line 8(a)               |                                                             | -22685.00              |  |  |

VA-8879C Virginia Department of Taxation

### Virginia Corporation Income Tax e-file Signature Authorization

Tax Year 2022

### DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

| Corporation Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Federal ID N                                                                                                                                                    | lumber                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| QLESS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 27-1155                                                                                                                                                         | 885                                                                                                                                               |
| Part I Tax Return Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                 |                                                                                                                                                   |
| 1. Federal Taxable Income (Form 500, Page 2, Line 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1.                                                                                                                                                              | -4,989,314.                                                                                                                                       |
| 2. Virginia Taxable Income (Form 500, Page 2, Line 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.                                                                                                                                                              | -4,989,314.                                                                                                                                       |
| 3. Income tax (Form 500, Page 2, Line 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3.                                                                                                                                                              |                                                                                                                                                   |
| 4. Total payments and credits (Form 500, Page 2, Line 16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4.                                                                                                                                                              |                                                                                                                                                   |
| 5. Total due (Form 500, Page 2, Line 21)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5.                                                                                                                                                              |                                                                                                                                                   |
| 6. Amount to be refunded (Form 500, Page 2, Line 24)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6.                                                                                                                                                              |                                                                                                                                                   |
| Part II Declaration and Signature Authorization of Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                 |                                                                                                                                                   |
| that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service<br>in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate<br>balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financia<br>funds withdrawal entry to the financial institution account indicated on the 2022 Virginia income tax return for<br>return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes<br>necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does n<br>outside of the territorial jurisdiction of the United States at any point in the process.<br>I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation v<br>all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to trar<br>I have selected a personal identification number (PIN) as my signature for the corporation's electronic incom | electronic income<br>al Agent to initiate a<br>pr payment of stat<br>to receive confide<br>not directly involve<br>will remain liable for<br>namit the complete | tax return. If filing a<br>an ACH electronic<br>e taxes owed on this<br>ential information<br>a financial institution<br>or the tax liability and |
| Officer's e-File PIN: check one box only         I authorize the ERO named below to enter my e-File PIN         corporation income tax return.         COHNREZNICK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | poration's 2022 el                                                                                                                                              | lectronic Virginia                                                                                                                                |
| ERO Firm Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                 |                                                                                                                                                   |
| I will enter my e-File PIN as my signature on the corporation's 2022 electronic Virginia corporation in if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 |                                                                                                                                                   |
| Your Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                                                                            |                                                                                                                                                   |
| Part III Certification and Authentication                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                 |                                                                                                                                                   |
| ERO's EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN.<br>Do not enter all ze                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 47<br>ros                                                                                                                                                       |                                                                                                                                                   |
| I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2022 Virginia corporation indicated above. I confirm that I am submitting this return in accordance with the requirements have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber st a signature pen, or computer software program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | of the Practitioner                                                                                                                                             | PIN method and                                                                                                                                    |
| ERO's Signature COHNREZNICK LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                                                                                                                                            | 10/08/23                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Form                                                                                                                                                            | VA-8879C (REV 9/22)                                                                                                                               |

Electronic Filing PDF Attachment

QLESS, INC. EIN: 27-1155885 FYE: 12/31/22

#### **NET OPERATING LOSS ADJUSTMENT**

|              | NET<br>OPERATING |            | ADJUSTED NET<br>OPERATING LOSS |
|--------------|------------------|------------|--------------------------------|
|              | LOSS PER TAX     |            | CARRYFORWARD                   |
| TAX YEAR-END | RETURN           | ADJUSTMENT | TO 2021                        |
|              |                  |            |                                |
| 12/31/2018   | 93,135           |            | 93,135                         |
| 12/31/2019   | 9,197            |            | 9,197                          |
| 12/31/2020   | 16,052           | (1,433)    | 14,619                         |
| 12/31/2021   | 60,789           | (2,029)    | 58,760                         |
| Total        | 179,173          | (3,462)    | 175,711                        |

THE TAXPAYER HAS ADJUSTED ITS NET OPERATING LOSSES FROM TAX YEARS ENDED DECEMBER 31, 2020 AND DECEMBER 31, 2021 DUE TO ADJUSTING ENTRIES THAT WERE RECORDED AFTER THE TAXPAYER FILED ITS TAX RETURN AS A PART OF THE TAXPAYER'S FINANCIAL STATEMENT REVIEW FOR THE PERIOD ENDING DECEMBER 31, 2021.

|                       |            |               |               | ADJUSTMENT |
|-----------------------|------------|---------------|---------------|------------|
|                       | ADJUSTMENT | ADJUSTMENT TO |               | TO VA NET  |
|                       | το βοοκ    | TAXABLE       | VA            | OPERATING  |
| LIST OF ADJUSTMENTS   | INCOME     | INCOME        | APPORTIONMENT | LOSS       |
|                       |            |               |               |            |
| 12/31/20 FINANCIAL    |            |               |               |            |
| STATEMENT REVIEW GAAP |            |               |               |            |
| ADJUSTMENT            | (184,199)  | (184,199)     | 0.7778%       | (1,433)    |
| 12/31/21 FINANCIAL    |            |               |               |            |
| STATEMENT REVIEW GAAP |            |               |               |            |
| ADJUSTMENT            | (189,072)  | (189,072)     | 1.0731%       | (2,029)    |
| TOTAL ADJUSTMENT      | (373,272)  | (373,272)     |               | (3,462)    |
|                       |            |               |               |            |

In re:

Chapter 11, Subchapter V

QLESS, INC.,

Debtor.

Case No. 24-\_\_\_\_(\_\_\_)

### **CERTIFICATION OF CREDITOR MATRIX**

Pursuant to Rule 1007-2 of the Local Rules of Bankruptcy Practice and Procedure for the United States Bankruptcy Court for the District of Delaware, the above captioned debtor hereby certifies that the *Creditor Matrix* submitted herewith contains the names and addresses of the Debtor's creditors. To the best of the Debtor's knowledge, the *Creditor Matrix* is complete, correct, and consistent with the Debtor's books and records.

The information contained herein is based upon a review of the Debtor's books and records as of the petition date. However, no comprehensive legal and/or factual investigations with regard to possible defenses to any claims set forth in the *Creditor Matrix* have been completed. Therefore, the listing does not, and should not, be deemed to constitute: (1) a waiver of any defense to any listed claims; (2) an acknowledgement of the allowability of any listed claims; and/or (3) a waiver of any other right or legal position of the Debtor.

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 2 of 33

|                                                  |                     |                                      |               |          | 0.1         |            | -          | 0         |
|--------------------------------------------------|---------------------|--------------------------------------|---------------|----------|-------------|------------|------------|-----------|
| CreditorName<br>Creditor Name #1052              | CreditorNoticeName  | Address1                             | Address2      | Address3 | City        | State      | Zip        | Country   |
|                                                  |                     | Address on File<br>430 S BUNDY DRIVE |               |          | LOS ANGELES | <b>C</b> A | 00040      |           |
| 1P Ventures, LLC<br>Creditor Name #1053          |                     | Address on File                      |               |          | LOS ANGELES | CA         | 90049      |           |
| Creditor Name #951                               |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1407                              |                     | Address on File                      |               |          |             | _          |            |           |
| Creditor Name #1407<br>Creditor Name #1408       |                     | Address on File                      |               |          |             | _          |            |           |
| Creditor Name #1408<br>Creditor Name #1809       |                     | Address on File                      |               |          |             | _          |            |           |
| Creditor Name #1009<br>Creditor Name #1018       |                     | Address on File                      |               |          |             | _          |            |           |
| Creditor Name #1018                              |                     | Address on File                      |               |          |             | _          |            |           |
| Creditor Name #1022                              |                     | Address on File                      |               |          |             |            |            |           |
| AAA AMERICAN ARBITRATION ASSOCIATION             |                     | 120 Broadway                         | FI 21         |          | New York    | NY         | 10271      |           |
| Creditor Name #1409                              |                     | Address on File                      | FIZI          |          | New TOIK    | INT        | 10271      |           |
| Creditor Name #1409<br>Creditor Name #1410       |                     | Address on File                      |               |          |             | _          |            |           |
| Creditor Name #1410                              |                     | Address on File                      |               |          |             | _          |            |           |
| Creditor Name #1412                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1412<br>Creditor Name #1413       |                     | Address on File                      |               |          |             | _          |            |           |
| Creditor Name #1413                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1414<br>Creditor Name #1415       |                     | Address on File                      |               |          |             |            |            |           |
|                                                  |                     |                                      |               |          |             |            |            |           |
| Creditor Name #1416                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1417                              |                     | Address on File                      |               |          |             | +          |            | -         |
| Creditor Name #1418                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1016                              |                     | Address on File                      |               |          |             | -          |            |           |
| Creditor Name #1026                              |                     | Address on File                      |               |          |             | -          |            |           |
| Creditor Name #1027                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1028                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1019                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1733                              |                     | Address on File                      |               |          |             | -          |            |           |
| Creditor Name #1020                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1021                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1025                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1772                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1808                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1029                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1023                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1030                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1031                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1034                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1999                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1054                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1032                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1024                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1033                              |                     | Address on File                      |               |          |             |            |            |           |
| Ab Inventio, LLC                                 |                     | 1232 Rubio Vista Rd                  |               |          | Altadena    | CA         | 91001      |           |
| Creditor Name #1871                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #2072                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1047                              |                     | Address on File                      |               |          |             |            |            |           |
| Act One Ventures, L.P.                           |                     | 662 N. Sepulveda Blvd                | Suite 300     |          | Los Angeles | CA         | 90049      |           |
| Creditor Name #1734                              |                     | Address on File                      |               |          | 5           |            |            |           |
| Creditor Name #1048                              |                     | Address on File                      |               |          |             |            | -          | 1         |
| Adobe                                            |                     | 345 Park Ave                         |               |          | San Jose    | CA         | 95110      |           |
| Creditor Name #1883                              |                     | Address on File                      |               |          |             | -          |            |           |
| Creditor Name #716                               |                     | Address on File                      |               |          |             |            | -          | 1         |
| Creditor Name #1709                              |                     | Address on File                      |               |          |             | 1          | -          | 1         |
| Creditor Name #1049                              |                     | Address on File                      |               | -        |             |            | -          |           |
| Africa Agencies and Consulting (Private) Limited |                     | 10 Cybercity 10th Floor              | Raffles Tower |          | Ebene       | 1          | -          | Mauritius |
| Creditor Name #1857                              |                     | Address on File                      |               |          |             | 1          |            |           |
| Creditor Name #804                               |                     | Address on File                      |               |          |             | 1          |            |           |
| Creditor Name #1646                              |                     | Address on File                      |               |          | 1           | 1          |            | 1         |
| Akron, Ohio                                      | Income Tax Division | 1 Cascade Plz Ste 100                |               |          | Akron       | ОН         | 44308-1161 |           |
| Creditor Name #1876                              |                     | Address on File                      |               |          |             | 0.1        |            |           |
| Alabama Dept of Revenue                          | -                   | 50 North Ripley St                   |               |          | Montgomery  | AL         | 36104      |           |
| Creditor Name #1152                              | -                   | Address on File                      |               |          |             | - 10       | 30104      |           |
| Creditor Name #1152<br>Creditor Name #1898       |                     | Address on File                      |               |          |             | +          |            | +         |
| Creditor Name #1708                              |                     | Address on File                      |               |          |             | +          |            | +         |
| Creditor Name #1706                              |                     | Address on File                      |               |          |             |            |            |           |
| Creditor Name #1064<br>Creditor Name #2198       |                     | Address on File                      |               |          |             | +          |            | -         |
| Alaska Dept of Revenue                           |                     | PO Box 110400                        |               |          | lunaau      |            | 99811-0400 | -         |
| Creditor Name #953                               |                     |                                      |               |          | Juneau      | AK         | 99811-0400 |           |
|                                                  |                     | Address on File                      |               |          |             | +          |            | -         |
| Creditor Name #1910                              |                     | Address on File                      |               |          |             | +          |            | -         |
| Creditor Name #1055                              |                     | Address on File                      |               |          |             | -          |            |           |
| Creditor Name #1035                              |                     | Address on File                      |               | 1        |             |            |            |           |
|                                                  |                     |                                      |               |          |             |            |            |           |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 3 of 33

| IncharmInstant of all and for all and fo          | Our dite allows                           | Que dite abletie e bleve e      | Address                   | Adduses0            | Adduces 2 | 0:4         | 04-4- | 7:         | O          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|---------------------------|---------------------|-----------|-------------|-------|------------|------------|
| bin boxDescriptionDistrict of pack she firstDistrict of pack she first <t< td=""><td>CreditorName</td><td>CreditorNoticeName</td><td>Address1</td><td>Address2</td><td>Address3</td><td>City</td><td>State</td><td>Zip</td><td>Country</td></t<>                                                                                                                                                                                                                                                                                                                                                                        | CreditorName                              | CreditorNoticeName              | Address1                  | Address2            | Address3  | City        | State | Zip        | Country    |
| cx shortcy Dia Los Yak Ta'cy Dia Los Yak Ta'cy Dia Los YakDia Los YakAdded of PartAdded of Part<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                 |                           |                     |           |             |       |            |            |
| each for<br>base for<br>ba                                                                                                                                                            |                                           | Dan Stormer                     |                           | Dai LLP             |           |             |       |            |            |
| Solar Mar 47Addes or PicAddes or Pic<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                 |                           |                     |           | Altadena    | CA    | 91001      |            |
| Nome of PrintNome o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                           |                     |           |             |       |            |            |
| NameAccess of PicAccess of Pic </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                 |                           |                     |           |             |       |            |            |
| adard ware 1985image of the sector of the secto         | Creditor Name #1056                       |                                 |                           |                     |           |             |       |            |            |
| name water wa | Creditor Name #1057                       |                                 | Address on File           |                     |           |             |       |            |            |
| select hand<br>the constraint of the constraint o | Creditor Name #1065                       |                                 | Address on File           |                     |           |             |       |            |            |
| maxP.D. 68 462SelferSelferW.B/2mack No. Synch101 For AverationBalmaW.B/2marker No. SynchAdvances of FeBalmaN.B/2marker No. SynchAdvances of FeBalmaN.B/2marker No. SynchAdvances of FeBalmaN.B/2marker No. SynchBalmaAdvances of FeBalmaBBmarker No. SynchBalmaBBalmaBBBmarker No. SynchBalmaBBBBBBmarker No. SynchBBBBBBBBmarker No. SynchBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB <td>Creditor Name #1803</td> <td></td> <td>Address on File</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Creditor Name #1803                       |                                 | Address on File           |                     |           |             |       |            |            |
| maxP.D. 68 462SelferSelferW.B/2mack No. Synch101 For AverationBalmaW.B/2marker No. SynchAdvances of FeBalmaN.B/2marker No. SynchAdvances of FeBalmaN.B/2marker No. SynchAdvances of FeBalmaN.B/2marker No. SynchBalmaAdvances of FeBalmaBBmarker No. SynchBalmaBBalmaBBBmarker No. SynchBalmaBBBBBBmarker No. SynchBBBBBBBBmarker No. SynchBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB <td>Creditor Name #1566</td> <td></td> <td>Address on File</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Creditor Name #1566                       |                                 | Address on File           |                     |           |             |       |            |            |
| manut with startingNome starting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                           |                     |           | Seattle     | WA    | 98124      |            |
| whether by TransAddress of FigInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInInIn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                 |                           |                     |           |             |       |            |            |
| Index Name 200         Index 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Creditor Name #17                         |                                 |                           |                     |           | Coulic      |       | 00100      |            |
| metab / Address of Fignetab / Addres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                 |                           |                     |           |             |       |            |            |
| neider Bring<br>march Pring MoostationInInInInInMode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>Mode<br>M                                                                                                                                                                                                                                                                             |                                           |                                 |                           |                     |           |             |       |            |            |
| median metany AssociationNumber and and the controlNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-sectionNon-section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                 |                           |                     |           |             |       |            |            |
| Control         Address or Fig         Control         Contro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                 |                           |                     |           | 01:         |       | 00004 5007 |            |
| Big Marker #T         Address or The         Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                 |                           |                     |           | Chicago     | IL    | 60601-5927 |            |
| nembri Mare B07Image B07Address on FileImage B07Image B07 <thim< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thim<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                 |                           |                     |           |             |       |            |            |
| readioAddress on Fig.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                 |                           |                     |           |             |       |            |            |
| reador know mp?Address on FileInclAddress on FileInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclIncl<Incl<Incl<InclIncl<InclIncl<Incl<Incl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                 |                           |                     |           |             |       |            |            |
| Index BackerUmb Mori 3 30#4111 LakicMori 30Mori 30Mori 30SpinAddress or FisAddress or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Creditor Name #990                        |                                 |                           |                     |           |             |       |            |            |
| Name #196Address or FlaIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncInc<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Creditor Name #67                         |                                 |                           |                     |           |             |       |            |            |
| reador Name #19Address on FileAddress on Fil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Andres Backer                             |                                 | Umbe Mendi 33             | 48111 Laukiz        |           | Vizcaya     |       |            | Spain      |
| Deck of Pin         Addees on File         Deck of Pin         Deck of Pin         Deck of Pin         Deck of Pin           Attrack TA (LTRA)         Addees on File         International Address                                                                                                                                                                                                                                                                                                                                                                                                                                             | Creditor Name #1816                       |                                 | Address on File           |                     |           |             |       |            |            |
| NITA PERSON         INTO AUTUMN RIGGE PR         IMP PENAL         NO         6385.58         Cardad           addor Name M2         Condade Road         Address on File         Condad         Condad         No         6305.200           addor Name M2         Address on File         Condad         Condad         Condad         Condad           addor Name M20         Address on File         Condad         Condad         Condad         Condad           addor Name M20         Address on File         Condad         Condad         Condad         Condad           addor Name M20         Address on File         Condad         Condad         Condad         Condad           addor Name M20         Address on File         Condad         Condad         Condad         Condad           addor Name M20         Address on File         Condad         Condad         Condad         Condad           addor Name M20         Address on File         Condad         Condad         Condad         Condad         Condad           addor Name M20         Address on File         Condad         Condad <t< td=""><td>Creditor Name #44</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Creditor Name #44                         |                                 |                           |                     |           |             |       |            |            |
| normy F. LundyS7 Boosdae RoadPromise RoadFormiseOronizeONMM 295Chanaleaddiers and FileAddress on FileIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ANITA PIERSON                             |                                 |                           |                     |           | IMPERIAL    | MO    | 63052-1585 |            |
| basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>basic<br>                                                                                                                                                                                                           |                                           |                                 |                           |                     | 1         |             |       |            | Canada     |
| sedior Name 4077Address on FileIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                                 |                           |                     |           | Toronko     | 0.1   |            | oundu      |
| backdor Nume #100Address on FileInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclIncl<InclInclInclInclInclInclInclInclInclInc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                 |                           |                     |           |             |       |            |            |
| Index on File         Income 3145         Income 3145 <thincome 3145<="" th=""> <thincome 3145<="" th=""></thincome></thincome>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                 |                           |                     |           |             |       |            |            |
| bested of Name #105         Address on File         Incl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                           |                     |           |             |       |            |            |
| Description         Address on File         Income #76         Income #77         I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                 |                           |                     |           |             |       |            |            |
| bedief num #105incAddress on FileincIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Creditor Name #1050                       |                                 |                           |                     |           |             |       |            |            |
| Instant #054         Instant #056         Instant #056<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Creditor Name #/18                        |                                 |                           |                     |           |             |       |            |            |
| Index may #1833         Index may #1843         Index may                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                 |                           |                     |           |             |       |            |            |
| rizon apperformat         PD Box 28079         Income         Phomix         AZ         85038         Income           rikansas Degt of Financo A Administrativo         Administrativo Services         1515 W 70 S, ISE 700         Itel Rock         AZ         82071         Itel Rock         AZ         82071           rikansas Degt of Financo A Administrativo         Atm Revenue Legal Counsel         1515 W 70 S, ISE 700         Itel Rock         AZ         82071         Itel Rock         AZ         82081                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                           |                     |           |             |       |            |            |
| rizon Depict Revnue         member Monitation         1000 West Monos 94.         member Monitation         AZ         8507/T         Litte Rock         AZ         8507/T           Knassas Depi of France 8 Administration         Administration Services         Hitte With St, Ste 700         Litte Rock         AR         72201         Litte Rock         AR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Creditor Name #1863                       |                                 |                           |                     |           |             |       |            |            |
| kransa Dept of Finance & Administration         Administrative Services         1516 W This Sk Dor0         Little Rock         AR         7.201         Internative Services           kransas Dept of Finance & Administration         All Revenue Lega Counsel         Ledbette Building         280 M.         Little Rock         AR         7.201         Internative Services         AR         7.201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Arizona Department of Revenue             |                                 | PO Box 29079              |                     |           | Phoenix     | AZ    | 85038      |            |
| And Revenue Legal Counsel         Letter Building         2380         Little Rock         AR         72201         Internation           Atansas Dept of Finance & Administration         R.C Malling Address         PO Box 127         Internation         Little Rock         AR         72201         Internation           Atansas Dept of Finance & Administration         1509 West Th St         Little Rock         AR         72201         Internation           Atansas Dept of Finance & Administration         2700 Camino Rations         San Ranon         CA         9453         Internation         Address on File         Internation         A         File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Arizona Dept of Revenue                   |                                 | 1600 West Monroe St       |                     |           | Phoenix     |       | 85007      |            |
| transa Dept of Finance & AdministrationAttra Revenue Legal CounselLedderfs wilding2380Little RockAR722.1722.1transans Dept of Finance & AdministrationRC Maing Address1509 West Thy St.ILittle RockAR722.1IItransans Dept of Finance & Administration1509 West Thy St.IILittle RockAR722.1IImainlo LLPAddress on FileIIAddress on FileIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII <t< td=""><td>Arkansas Dept of Finance &amp; Administration</td><td>Administrative Services</td><td>1515 W 7th St, Ste 700</td><td></td><td></td><td>Little Rock</td><td>AR</td><td>72201</td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Arkansas Dept of Finance & Administration | Administrative Services         | 1515 W 7th St, Ste 700    |                     |           | Little Rock | AR    | 72201      |            |
| transa Dept of Finance & AdministrationAttra Revenue Legal CounselLedderfs wilding2380Little RockAR722.1722.1transans Dept of Finance & AdministrationRC Maing Address1509 West Thy St.ILittle RockAR722.1IItransans Dept of Finance & Administration1509 West Thy St.IILittle RockAR722.1IImainlo LLPAddress on FileIIAddress on FileIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII <t< td=""><td>·</td><td></td><td></td><td>1816 W 7th St. Room</td><td></td><td></td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ·                                         |                                 |                           | 1816 W 7th St. Room |           |             |       |            |            |
| transa Dept of Fnance & Administration         RLC Mailing Address         PO Box 172         ILIIE Rock         AR         7220-172           transans Dept of Fnance & Administration         1509 West Th S1         ILIIE Rock         AR         7220-1         ILIIE Rock         AR         9458.3         ILIIE Rock         AR         1200-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Arkansas Dept of Finance & Administration | Attn Revenue Legal Counsel      | Ledbetter Building        |                     |           | Little Rock | AR    | 72201      |            |
| ktansa Dopi of Finance & Administration         1609 West 7h St         Little Rock         AR         7201 call           mainlo LP         200 Camino Ranon, Sulte 350         Sa Ramon         CA         9453                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                 |                           |                     |           |             |       |            |            |
| manino LIP         San Ramon         CA         9453.0         cmain           reditor Name #24         Address on File         image: Comparing #200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | Theo Maning Address             |                           |                     |           |             |       |            |            |
| redit Name #41         Image Mathematication         Im                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                 |                           |                     |           |             |       |            |            |
| redito Name #28         number #28         number #28         number #1423         number #1423 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>San Ramon</td> <td>UA</td> <td>34303</td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                 |                           |                     |           | San Ramon   | UA    | 34303      |            |
| reditor Name #1423         Image: mode of the sector o                |                                           |                                 |                           |                     |           |             |       |            |            |
| trem KuchukIncremenung 15/2Incremenung 15/2Incremenun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                 |                           |                     |           |             |       |            |            |
| scensus         2393 Network Place         Image: Mode of the constraint of the                         |                                           |                                 |                           |                     |           |             |       | 0004       | A 11       |
| reditor Name #1798Address on FileIncome #1798Income #1798Incom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 | Larcnenweg 15/2           |                     |           |             |       |            | Austria    |
| reditor Name #1051Address on FileIncome #1050Income #1050Income #1050Income #1050reditor Name #1050Address on FileCanol StreamGlendaleCA91206Income #1050T&TPO Box 5025Carol StreamILEditor StreamEditor StreamEditor StreamILEditor StreamTeditor Name #1066Address on FileAddress on FileIncome #1050Income #1050Income #1050Income #1050Income #1050reditor Name #1056Address on FileAddress on FileIncome #1050Income #1050Income #1050Income #1050Income #1050reditor Name #1539Address on FileIncome #1050Income #1050Income #1050Income #1050Income #1050Income #1050Income #1050torney General Date Yost30 E. Broad St, 14th FloorIncome #1050Income #1050Income #1050Income #1050Income #1050Income #1050reditor Name #1050Ohio Attorney General Date Yost30 E. Broad St, 14th FloorIncome #1050Income #1050Income #1050Income #1050reditor Name #1050Address on FileIncome #1050Income #1050Income #1050Income #1050Income #1050Income #1050reditor Name #1050Address on FileIncome #1050Income #1050Income #1050Income #1050Income #1050reditor Name #1050Address on FileIncome #1050Income #1050Income #1050Income #1050Income #1050reditor Name #1053Address on FileIncome #1050 <td< td=""><td>Ascensus</td><td></td><td></td><td> </td><td></td><td>Chicago</td><td>IL</td><td>60673</td><td></td></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ascensus                                  |                                 |                           |                     |           | Chicago     | IL    | 60673      |            |
| reditor Name #1690Address on FileIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncInc <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                 |                           |                     |           |             |       |            |            |
| ssign Corporation200 N Maryland Ave #204Image: Carlo StreamGlendaleCA91206T&TPO Box 5025Carol StreamILFor Box 5025For Box 5025Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Creditor Name #1051                       |                                 |                           |                     |           |             |       |            |            |
| ssign Corporation200 N Maryland Ave #204Image: Carlo StreamGlendaleCA91206T&TPO Box 5025Carol StreamILFor Box 5025For Box 5025Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Creditor Name #1690                       |                                 | Address on File           |                     |           |             |       |            |            |
| T&TPO Box 5025Carol StreamIL60197-5025t-Bay Specially Insurance Company1209 Orange StreetWilmingtonDE19001t-Bay Specially Insurance CompanyAddress on FileImage: StreamImage: StreamImage: Streamreditor Name #1066Address on FileImage: StreamImage: StreamImage: StreamImage: Streamreditor Name #1066Address on FileImage: StreamImage: StreamImage: StreamImage: Streamreditor Name #1539Address on FileImage: StreamImage: StreamImage: StreamImage: Streamtorsey General of the State of OhioOhio Attorney General Dave Yost30 E. Broad St., 14th FloorImage: StreamImage: StreamImage: Streamudreg NganOhio Attorney General Dave Yost30 E. Broad St., 14th FloorImage: StreamImage: StreamImage: Streamreditor Name #1011Address on FileImage: StreamImage: StreamImage: StreamImage: StreamImage: Streamreditor Name #1942Address on FileImage: StreamImage: StreamImage: StreamImage: StreamImage: Streamugusto CallejasImage: StreamAddress on FileImage: StreamImage: StreamImage: StreamImage: Streamreditor Name #1059Address on FileImage: StreamImage: StreamImage: StreamImage: StreamImage: Streamreditor Name #1063Address on FileImage: StreamImage: StreamImage: StreamImage: StreamImage: Streamreditor Name #1062<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Assign Corporation                        |                                 | 200 N Maryland Ave #204   |                     |           | Glendale    | CA    | 91206      |            |
| LBay Specialty Insurance CompanyDE19001Image: Descent and the system of                           | AT&T                                      |                                 |                           | Carol Stream        |           | IL          |       |            |            |
| reditor Name #1066Address on FileImage: Section Variable Va                  | At-Bay Specialty Insurance Company        |                                 |                           |                     |           | Wilmington  | DE    |            |            |
| reditor Name #1966Image: Address on FileImage: Address on F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Creditor Name #1066                       |                                 |                           |                     |           |             | 1     |            |            |
| reditor Name #1539Address on FileImage: Sydney in Sy                  |                                           |                                 |                           |                     |           |             | 1     |            |            |
| tlassianLevel 6, 341 George St,SydneyNSW2000Australiattorney General of the State of OhioOhio Attorney General Dave Yost30 E. Broad St., 14th FloorColumbusOH43215udrey Ryan202 Duffy LaneAustinTX78736reditor Name #1011Address on FileAustinTX78736reditor Name #1942Address on FileImage: Strength                                                                                                                                                                                                                                                                     |                                           |                                 |                           |                     |           |             | 1     |            |            |
| ttorney General of the State of Ohio       Ohio Attorney General Dave Yost       30 E. Broad St., 14th Floor       Columbus       OH       43215         udrey Ryan       202 Duffy Lane       Austin       TX       78738         reditor Name #1011       Address on File       Image: State of Ohio       Image:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                           |                     |           | Sydney      | NSW   | 2000       | Australia  |
| udrey Ryan202 Duffy LaneAddress on FileAustinTX78738reditor Name #1042Address on FileImage: Address on FileImag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | Ohio Attornov Conoral Dava Vast | 20 E Broad St. 14th Elear |                     |           |             |       |            | / wou alla |
| reditor Name #1011       Address on File       Image:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | Onio Adomey General Dave Tost   | 202 Duffy Long            |                     |           |             |       |            |            |
| reditor Name #1942Address on FileImage: Solution of the solu                  |                                           |                                 |                           |                     |           | Austill     | 1.    | 10130      |            |
| ugusto Callejas       45-97 Waiape Place       Kaneohe       HI       96744         reditor Name #1059       Address on File       Image Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                           |                     |           |             |       |            |            |
| reditor Name #1059       Address on File       Image: Constraint of the sector                                  |                                           |                                 |                           |                     |           |             |       |            |            |
| reditor Name #1713       Address on File       Image: Constraint of the second                                  |                                           |                                 |                           |                     |           | Kaneohe     | HI    | 96744      |            |
| reditor Name #2012       Address on File       Image: Constraint of the second                                  | Creditor Name #1059                       |                                 |                           | <u> </u>            | <u> </u>  |             |       | <u> </u>   |            |
| Image: Market #1063         Address on File         Image: Market #1063         Image: Market #1062                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Creditor Name #1713                       |                                 | Address on File           |                     |           |             | 1     |            |            |
| Image: Market #1063         Address on File         Image: Market #1063         Image: Market #1062                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Creditor Name #2012                       |                                 | Address on File           |                     |           |             |       |            |            |
| Address on File         Image: Control of the state                |                                           |                                 |                           |                     |           |             | 1     |            |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Creditor Name #1062                       |                                 |                           | 1                   |           |             | 1     |            |            |
| Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                 |                           |                     | 1         |             | 1     |            |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Creditor Name #1061                       |                                 | Address on File           |                     |           |             | 1     |            |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                 |                           | 1                   | I         | 1           | I     | L          | I          |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 4 of 33

| Decision with the part of | Our dite allows                                                                   | One dite able to a blow a | Address1 Address2                  | Address3 | 0:4         | 04-4- | 7:    | O anna tara |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------|------------------------------------|----------|-------------|-------|-------|-------------|---|
| ManueNon-the imageNon-the imageNon-the imageNon-the imageNon-the imageNon-the imageAll And CallerProblem NameProblem NameProblem NameProblem NameProblem NameAll And CallerProblem NameProblem NameProblem NameProblem NameProblem NameStart Name NameProblem NameProblem NameProblem NameProblem NameProblem NameProblem NameStart Name NameProblem Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CreditorName                                                                      | CreditorNoticeName        |                                    | Address3 | City        | State | Zip   | Country     |   |
| Kach InZhang StrippeNew Yay was programNew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                           |                                    |          | Com Combo   | ~     | 04070 |             |   |
| DALLFDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescriptionDescription <td></td> <td></td> <td>959 Skyway Road, Sulle 300</td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                           | 959 Skyway Road, Sulle 300         |          |             |       |       |             |   |
| Midner schw MargerOffen of the second schwar fragmentOffen of the second sc                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Same with the set of the se |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Orders Numbrial<br>Control Numbrial<br>Descent Land Land Land Land Land Land Land Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                           |                                    |          | Gray        | ME    | 04039 |             |   |
| Catch resultAdds or PieAdds or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Scale NumberAddex of PartAddex of PartIs ArguinsIs Argu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Back Job Lex NormsJob Lex Norms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Send AnticiImage in the time in a prime           | Creditor Name #1678                                                               |                           |                                    |          |             |       |       |             |   |
| Sinder ware 2011More as PiaMore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Bank of Americ Lock Box Services                                                  | Lockbox LAC-748175        | 2706 Media Center Drive            |          | Los Angeles | CA    | 90065 |             |   |
| Order         Address of Fig         Address of Fig </td <td>Bank of America</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Bank of America                                                                   |                           |                                    |          |             |       |       |             |   |
| Grain with 101Image: bit with 100 and 100 an          | Creditor Name #2231                                                               |                           | Address on File                    |          |             |       |       |             |   |
| Gardia Name 7103Modere of Fig.Modere of Fig.Modereo of Fig.Mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Creditor Name #1072                                                               |                           | Address on File                    |          |             |       |       |             |   |
| Gardia Name 7103Modere of Fig.Modere of Fig.Modereo of Fig.Mo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Creditor Name #1891                                                               |                           | Address on File                    |          |             |       |       |             |   |
| Galdy Mans 408Moreau of Fig.Moreau of Fig.Morea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Galder Mane #1074Address of PinAddress of PinAd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Gradio Num 9175Image: start of the start of           |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Gradie Num 2407Idea on FileIdea on Fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                           |                                    |          |             |       |       |             |   |
| OrderAddress of Fig.Image: Section of Sect                   |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Conder Name #10?Addess on FileImage: Section of the section o                   |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Conders PrintAddress on PinAddress on PinAddres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                           |                                    |          |             |       |       | +           |   |
| Goode Nume #161         Address on Fis         Image: Control of the second seco                         |                                                                                   |                           |                                    |          |             |       |       | +           |   |
| Gradies on Fig.Address on Fig.Image: Section of the section o                   |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Cacitor Nume 2003Address on FileAddress on FileAddress on FileInternal ProblemInternal ProblemIntern                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Golder Num #1056Address on FileImage: Section of the section                    |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Condity Num #1086Address on FileAddress on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Gradies Name #1697Address on FileInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclIn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                           |                                    |          |             |       | L     |             |   |
| Gradie Name 21087Address on FileImage: Section 2000 section 20                  |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Address on FileAddress on Fil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Creditor Name #1087                                                               |                           | Address on File                    |          |             |       |       |             |   |
| Address on FileAddress on Fil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Creditor Name #1088                                                               |                           | Address on File                    |          |             |       |       |             |   |
| Cadius Name #143Cadius Son FileImage: Sol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Cadius Name #143Cadius Son FileImage: Sol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Creditor Name #1089                                                               |                           | Address on File                    |          |             |       |       |             |   |
| Cadiot Name #191Image: main set of FileImage: main set of F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Cadio Kane #1680Index as of FileIndex as of FileInde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Condity Name #1426Address on FileIncome 1Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Cheditor Name #1426Address on FileIncome #1426Income #1426Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #1933Address on FileIncIncIncIncIncCreditor Name #719Address on FileIncIncIncIncIncIncCreditor Name #652Address on FileIncIncIncIncIncIncIncCreditor Name #653Address on FileIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncInc<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Credits Name #1714Address n FileInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInterfieldInte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #719Image: Maddress on FileImage: Maddress on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #852Inderess on FileInderess on FileInd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                           |                                    |          |             |       |       | _           |   |
| Creditor Name #836Address on FileInternational Matrix on FileInternational Matr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #837IndexAddress on FileIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Credior Name #338         Image: State of File         Image: State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #2251Image: Solution of Name #2251Image: Solution Name #2251Imag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #839Image: Mode with the method with th         | Creditor Name #838                                                                |                           | Address on File                    |          |             |       |       |             |   |
| Creditor Name #839Image: Mode with the method with th         | Creditor Name #2251                                                               |                           | Address on File                    |          |             |       |       |             |   |
| Creditor Name #841Address on FileInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclIncl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<InclIncl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl< </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #841Address on FileInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclInclIncl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<InclIncl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl<Incl< </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #842Address on FileIncome file <th< td=""><td></td><td></td><td></td><td></td><td></td><td>1</td><td>1</td><td></td></th<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |                           |                                    |          |             | 1     | 1     |             |   |
| Creditor Name #1900Address on FileIncome Set on Set                   |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #1420Address on FileIndex on File <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>+</td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                           |                                    |          |             |       |       | +           |   |
| Creditor Name #1420Index son FileIndex son FileI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                           |                                    |          |             |       |       | +           |   |
| Creditor Name #1003         Address on File         Image: Creditor Name #1090         Image: Creditor Name #1091         Image: Creditor Name #1031         Image: Creditor Name #1032         Image: Creditor Name #1033         Image: Creditor Name #1034         Image: Creditor N                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #1090Address on FileIncome file <t< td=""><td></td><td></td><td></td><td></td><td></td><td> </td><td></td><td>+</td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                           |                                    |          |             |       |       | +           |   |
| Creditor Name #1096Index son FileIndex son FileI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #1091Address on FileIndextees on FileIn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                           |                                    |          |             |       |       | +           |   |
| Creditor Name #653Indextee on FileIndextee on FileInd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #1715IndextAddress on FileIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndextIndexIndextIndext <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                           |                                    |          |             |       |       |             |   |
| BeyondTrust         Ideoption                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                           |                                    |          |             |       |       |             |   |
| BeyondTust CorporationImage: Second Seco         |                                                                                   |                           | Address on File                    |          |             |       |       |             |   |
| BeyondTust CorporationImage: Second Seco         |                                                                                   |                           | 11695 Johns Creek Parkway, Ste 200 |          |             |       |       |             |   |
| Creditor Name #1092IdentifiedAddress on FileIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedIdentifiedId                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                           | PO Box 734433                      |          | Dallas      | ТΧ    | 75373 |             |   |
| BidPrime, Inc.         Austin         TX         7874           Bill.com         6220 America Center Drive, Suite 100         San Jose         CA         900.2           Creditor Name #1093         Address on File         Image: Comparison of Compariso                                                                                                                                            |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Bill.com         6220 America Center Drive, Suite 100         San Jose         CA         95002           Creditor Name #1093         Address on File         Image: Comparison of the comparison of                                                                                        |                                                                                   |                           | 1301 S IH 35, STE #200             |          | Austin      | TX    | 78741 |             |   |
| Creditor Name #1093         Address on File         Image: Creditor Name #1093         Image: Creditor N                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #1948         Address on File         Image: Constraint of the state of the stat                         |                                                                                   |                           |                                    |          |             | · ·   |       |             |   |
| Creditor Name #955         Address on File         Income #1969         Inco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #1969         Address on File         Image: Creditor Name #805         Creditor Name #805         Creditor Name #805         Creditor Name #826         Cr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                           |                                    |          |             |       |       | +           |   |
| Creditor Name #654         Address on File         Image: Constraint of the state                         |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #805         Address on File         Image: Creditor Name #1826         Address on File         Image: Creditor Name #1826         Address on File         Image: Creditor Name #1826                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #1826         Address on File         Image: Creditor Name #1826         Image: Creditor Name #1826 <th creditor="" image:="" n<="" td=""><td></td><td></td><td></td><td></td><td></td><td></td><td> </td><td>+</td></th>                                                                                                                                                                                                                                                                                                                                         | <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> </td> <td>+</td> |                           |                                    |          |             |       |       |             | + |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                           |                                    |          |             |       |       |             |   |
| Creditor Name #2092 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                           |                                    |          |             |       |       |             |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Creditor Name #2092                                                               |                           | Address on File                    |          |             | 1     |       |             |   |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 5 of 33

| CreditorName                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CreditorNoticeName                           | Address1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address2   | Address3 | City                              | State | Zip                        | Country       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-----------------------------------|-------|----------------------------|---------------|
| CreditorName                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CreditorNoticeNallie                         | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Addressz   | Addresss | City                              | State | Ziþ                        | Country       |
| Creditor Name #2035                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Marile #2035                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              | Address of File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #2210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #1406                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | Address of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |          |                                   |       |                            |               |
| Creditor Name #1039                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #1860                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #658                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #1877                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #1588                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #2107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #2081                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #2174                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #1094                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #844                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #1973                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #845                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #846                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #847                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #1716                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            | 1        |                                   | 1     |                            |               |
| Creditor Name #1717                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #774                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1          | 1        |                                   | 1     |                            |               |
| Creditor Name #1095                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| Creditor Name #1096                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1          | 1        |                                   | 1     |                            |               |
| BPP East Union LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | c/o ShopCore Properties LP                   | Two Liberty Place, 50 S 16th St, Ste 3325                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          | Philadelphia                      | PA    | 19102                      |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | c/o ShopCore Properties, L.P. Attn Office of | ····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |          |                                   |       |                            |               |
| BPP East Union LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | the General Counsel                          | Two Liberty Place, 50 S. 16th Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Suite 3325 |          | Philadelphia                      | PA    | 19102                      |               |
| Brad Benson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              | 2543 Mayotte Way                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          | Castle Rock                       |       | 80109                      |               |
| Creditor Name #9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          | -                                 |       |                            |               |
| Bradford Benson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | 2543 MAYOTTE WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |          | CASTLE ROCK                       | CO    | 80109-3894                 |               |
| Creditor Name #659                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |          |                                   |       |                            |               |
| BreezeRFP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | 1530 Wilson Blvd Ste 650 #93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |          | Arlington                         | VA    | 22209                      |               |
| Brex Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | 650 S 500 W, Ste 209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |          | Salt Lake City                    | UT    | 84101                      |               |
| Brex Credit card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | 650 S 500 W. Suite 209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |          | 0 11 1 01                         | UT    | 84101                      |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | 030 3 300 W. Suite 209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |          | Salt Lake City                    | UT    | 04101                      |               |
| Brex Treasury LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              | 850 S 500 W. Suite 209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |          | Salt Lake City                    | 01    | 04101                      |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | 10 Sangley Road South                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Norwood    |          | London                            | 01    | SE25 6QT                   | Great Britain |
| Brex Treasury LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Norwood    |          |                                   |       |                            | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | 10 Sangley Road South<br>574 Chapala Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Norwood    |          |                                   | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              | 10 Sangley Road South                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Norwood    |          | London                            |       | SE25 6QT                   | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1718                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1718<br>Creditor Name #206                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1718<br>Creditor Name #206<br>Creditor Name #762                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File<br>Address on File<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1718<br>Creditor Name #1718<br>Creditor Name #2006<br>Creditor Name #762<br>Creditor Name #1836                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File<br>Address on File<br>Address on File<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1718<br>Creditor Name #2206<br>Creditor Name #762<br>Creditor Name #1836<br>Creditor Name #1836                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #206<br>Creditor Name #206<br>Creditor Name #1836<br>Creditor Name #1864<br>Creditor Name #1693                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1718<br>Creditor Name #206<br>Creditor Name #762<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fith Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #178<br>Creditor Name #7206<br>Creditor Name #1836<br>Creditor Name #1836<br>Creditor Name #1864<br>Creditor Name #1803<br>Creditor Name #2108<br>Creditor Name #2276                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #206<br>Creditor Name #1336<br>Creditor Name #1836<br>Creditor Name #1864<br>Creditor Name #1693<br>Creditor Name #208<br>Creditor Name #208<br>Creditor Name #208<br>Creditor Name #208<br>Creditor Name #208                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1718<br>Creditor Name #1718<br>Creditor Name #1782<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #2708<br>Creditor Name #2276<br>Creditor Name #1449<br>Creditor Name #1012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1718<br>Creditor Name #1206<br>Creditor Name #1836<br>Creditor Name #1836<br>Creditor Name #1836<br>Creditor Name #1836<br>Creditor Name #1836<br>Creditor Name #1836<br>Creditor Name #1844<br>Creditor Name #2108<br>Creditor Name #2108<br>Creditor Name #1216<br>Creditor Name #1216<br>Creditor Name #1449<br>Creditor Name #1012<br>Creditor Name #1853                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1718<br>Creditor Name #1718<br>Creditor Name #1782<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #2708<br>Creditor Name #2276<br>Creditor Name #1449<br>Creditor Name #1012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1456<br>Creditor Name #178<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #2708<br>Creditor Name #2108<br>Creditor Name #2108<br>Creditor Name #1449<br>Creditor Name #1449<br>Creditor Name #1442                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #718<br>Creditor Name #762<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #2008<br>Creditor Name #2108<br>Creditor Name #1276<br>Creditor Name #1449<br>Creditor Name #1442<br>Creditor Name #1442<br>Creditor Name #1442<br>Creditor Name #1442                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1718<br>Creditor Name #1206<br>Creditor Name #1836<br>Creditor Name #1836<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1865<br>Creditor Name #1449<br>Creditor Name #1449<br>Creditor Name #1442<br>Creditor Name #1442<br>Creditor Name #1442                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1206<br>Creditor Name #1718<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1863<br>Creditor Name #2276<br>Creditor Name #1449<br>Creditor Name #1449<br>Creditor Name #1442<br>Creditor Name #1442<br>Creditor Name #1701<br>Creditor Name #1701<br>Creditor Name #1701<br>Creditor Name #1863<br>Creditor Name #1883                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #762<br>Creditor Name #762<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #2276<br>Creditor Name #2276<br>Creditor Name #1449<br>Creditor Name #1449<br>Creditor Name #1442<br>Creditor Name #1442<br>Creditor Name #1483<br>Creditor Name #1483<br>Creditor Name #1483<br>Creditor Name #1880<br>Creditor Name #1880<br>Creditor Name #700                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1206<br>Creditor Name #1206<br>Creditor Name #1836<br>Creditor Name #1836<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1863<br>Creditor Name #1449<br>Creditor Name #1449<br>Creditor Name #1442<br>Creditor Name #1442<br>Creditor Name #1442<br>Creditor Name #1480<br>Creditor Name #1701<br>Creditor Name #1880<br>Creditor Name #1701<br>Creditor Name #1880<br>Creditor Name #1880<br>Creditor Name #1880<br>Creditor Name #1880<br>Creditor Name #1880                                                                                                                                                                                                                                                                                                                                                                         |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC           Brian Downer           Brian Downer           Brian Downer           Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005           Brick & Patel LLP           BridgeBank, a division of Western Alliance Bank           Creditor Name #1097           Creditor Name #1455           Creditor Name #178           Creditor Name #762           Creditor Name #1884           Creditor Name #1863           Creditor Name #1493           Creditor Name #1483           Creditor Name #1449           Creditor Name #1449           Creditor Name #1442           Creditor Name #1701           Creditor Name #1883           Creditor Name #1883           Creditor Name #1842           Creditor Name #1853           Creditor Name #1880           Creditor Name #1801           Creditor Name #1803           Creditor Name #1853           Creditor Name #1853 |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #762<br>Creditor Name #762<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #2276<br>Creditor Name #1449<br>Creditor Name #1449<br>Creditor Name #1442<br>Creditor Name #1483<br>Creditor Name #1483<br>Creditor Name #1483<br>Creditor Name #1483<br>Creditor Name #1953<br>Creditor Name #1953<br>Creditor Name #344<br>Creditor Name #344                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1206<br>Creditor Name #1836<br>Creditor Name #1836<br>Creditor Name #1836<br>Creditor Name #1864<br>Creditor Name #1864<br>Creditor Name #1863<br>Creditor Name #1653<br>Creditor Name #1442<br>Creditor Name #1442<br>Creditor Name #1442<br>Creditor Name #1442<br>Creditor Name #1701<br>Creditor Name #1853<br>Creditor Name #1701<br>Creditor Name #1880<br>Creditor Name #1953<br>Creditor Name #334<br>Creditor Name #356<br>Creditor Name #366<br>Creditor Name #366                                                                                                                                                                                                                                                                                                                                                                             |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC           Brian Downer           Brian Downer           Brian Downer           Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005           Brick & Patel LLP           BridgeBank, a division of Western Alliance Bank           Creditor Name #1097           Creditor Name #1455           Creditor Name #1455           Creditor Name #178           Creditor Name #1864           Creditor Name #1864           Creditor Name #1863           Creditor Name #1863           Creditor Name #1493           Creditor Name #1449           Creditor Name #1449           Creditor Name #1449           Creditor Name #1449           Creditor Name #1442           Creditor Name #1443           Creditor Name #1443           Creditor Name #1853           Creditor Name #1800           Creditor Name #1801           Creditor Name #1853           Creditor Name #1853           Creditor Name #834           Creditor Name #856           Creditor Name #856           Creditor Name #848                                                                                              |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC           Brian Downer           Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005           Bridk & Patel LLP           BridgeBank, a division of Western Alliance Bank           Creditor Name #1097           Creditor Name #1455           Creditor Name #1718           Creditor Name #762           Creditor Name #1864           Creditor Name #1643           Creditor Name #1864           Creditor Name #1864           Creditor Name #1803           Creditor Name #1403           Creditor Name #1453           Creditor Name #1442           Creditor Name #1453           Creditor Name #1480           Creditor Name #1442           Creditor Name #1953           Creditor Name #344           Creditor Name #343           Creditor Name #483           Creditor Name #484           Creditor Name #484                                                                                                                                             |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                 | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC<br>Brian Downer<br>Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005<br>Brick & Patel LLP<br>BridgeBank, a division of Western Alliance Bank<br>Creditor Name #1097<br>Creditor Name #1455<br>Creditor Name #1455<br>Creditor Name #1718<br>Creditor Name #1206<br>Creditor Name #1836<br>Creditor Name #1836<br>Creditor Name #1836<br>Creditor Name #1864<br>Creditor Name #1693<br>Creditor Name #1012<br>Creditor Name #1012<br>Creditor Name #1012<br>Creditor Name #1142<br>Creditor Name #1142<br>Creditor Name #1142<br>Creditor Name #1142<br>Creditor Name #1153<br>Creditor Name #1953<br>Creditor Name #1953<br>Creditor Name #304<br>Creditor Name #344<br>Creditor Name #344<br>Creditor Name #348<br>Creditor Name #348<br>Creditor Name #348<br>Creditor Name #348<br>Creditor Name #349<br>Creditor Name #349<br>Creditor Name #349                                                                                                                                                                                                                                         |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC           Brian Downer           Brian Downer           Brian Downer           Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005           Brick & Patel LLP           BridgeBank, a division of Western Alliance Bank           Creditor Name #1097           Creditor Name #1455           Creditor Name #1455           Creditor Name #762           Creditor Name #1864           Creditor Name #1863           Creditor Name #1903           Creditor Name #1864           Creditor Name #1493           Creditor Name #1208           Creditor Name #1208           Creditor Name #1493           Creditor Name #1449           Creditor Name #1449           Creditor Name #1449           Creditor Name #1701           Creditor Name #1833           Creditor Name #1842           Creditor Name #1803           Creditor Name #1853           Creditor Name #834           Creditor Name #834           Creditor Name #848           Creditor Name #848           Creditor Name #850           Creditor Name #850           Creditor Name #850                                     |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                    | Norwood    |          | London<br>Pacific Palisades       | СА    | SE25 6QT<br>90272          | Great Britain |
| Brex Treasury LLC           Brian Downer           Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005           Brick & Patel LLP           BridgeBank, a division of Western Alliance Bank           Creditor Name #1097           Creditor Name #1455           Creditor Name #1455           Creditor Name #762           Creditor Name #18864           Creditor Name #1864           Creditor Name #1863           Creditor Name #1276           Creditor Name #1493           Creditor Name #1483           Creditor Name #1449           Creditor Name #1442           Creditor Name #1483           Creditor Name #1953           Creditor Name #1880           Creditor Name #1953           Creditor Name #1953           Creditor Name #1953           Creditor Name #344           Creditor Name #345           Creditor Name #345           Creditor Name #484           Creditor Name #848           Creditor Name #849           Creditor Name #851           Creditor Name #851                                                                                                                 |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File | Norwood    |          | London Pacific Palisades New York |       | SE25 6QT<br>90272<br>10020 | Great Britain |
| Brex Treasury LLC           Brian J. McLoughlin Trust-2005, U/D/T dated August 1, 2005           Brick & Patel LLP           BridgeBank, a division of Western Alliance Bank           Creditor Name #1097           Creditor Name #1455           Creditor Name #1456           Creditor Name #2006           Creditor Name #762           Creditor Name #1864           Creditor Name #1864           Creditor Name #1864           Creditor Name #1864           Creditor Name #1863           Creditor Name #1863           Creditor Name #1863           Creditor Name #1449           Creditor Name #1853           Creditor Name #1853           Creditor Name #1701           Creditor Name #1953           Creditor Name #1953           Creditor Name #1953           Creditor Name #834           Creditor Name #848           Creditor Name #848           Creditor Name #849           Creditor Name #850           Creditor Name #851                                                                                                                                                                     |                                              | 10 Sangley Road South<br>574 Chapala Dr<br>600 Fifth Avenue, 14th Floor<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                    | Norwood    |          | London<br>Pacific Palisades       |       | SE25 6QT<br>90272          | Great Britain |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 6 of 33

| CreditorName                                                               | CreditorNoticeName                    | Address1                         | Address2        | Address3 | City           | State    | Zip        | Country  |
|----------------------------------------------------------------------------|---------------------------------------|----------------------------------|-----------------|----------|----------------|----------|------------|----------|
| Creditor Name #1625                                                        | oreanon voncentame                    | Address on File                  | Addressz        | Addresss | ony            | otate    | -ip        | obuility |
| Creditor Name #1908                                                        | +                                     | Address on File                  | <u> </u>        |          |                | 1        | +          |          |
| Creditor Name #660                                                         |                                       | Address on File                  |                 |          |                | -        |            |          |
| Creditor Name #1468                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #1874                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #1735                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| CA Franchise Tax Board                                                     | Business Entity Bankruptcy MS A345    | PO Box 2952                      |                 |          | Sacramento     | CA       | 95812-2952 |          |
| CA Franchise Tax Board                                                     | Legal Division                        | PO Box 1720                      |                 |          | Rancho Cordova | CA       | 95741-1720 |          |
| CA FTB                                                                     |                                       |                                  |                 |          |                |          |            |          |
| Creditor Name #1098<br>Creditor Name #1099                                 |                                       | Address on File                  |                 |          |                | <u> </u> |            |          |
| Creditor Name #1099                                                        |                                       | Address on File                  |                 |          |                | <u> </u> |            |          |
| Creditor Name #1529                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #1101                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #1100                                                        | -                                     | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #699                                                         |                                       | Address on File                  |                 |          |                | -        |            |          |
| Creditor Name #2190                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #2064                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #1102                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #1427                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #1868                                                        |                                       | Address on File                  |                 |          |                | <u> </u> | <u> </u>   |          |
| Creditor Name #1405                                                        |                                       | Address on File                  |                 |          |                | <u> </u> | <u> </u>   |          |
| Creditor Name #2002                                                        |                                       | Address on File                  |                 |          |                | <b> </b> | <u> </u>   |          |
| Creditor Name #2059                                                        |                                       | Address on File                  |                 |          |                | <u> </u> | <u> </u>   |          |
| Creditor Name #1719<br>California Department of Tax and Fee Administration | Account Information Group, MIC 29     | Address on File<br>PO Box 942879 |                 |          | Sacramento     | CA       | 94279-0029 |          |
| California Department of Tax and Fee Administration                        | Collections Support Bureau Bankruptcy | PO B0X 942679                    |                 |          | Sacramento     | CA       | 94279-0029 |          |
| California Department of Tax and Fee Administration                        | Team, MIC 74                          | PO Box 942879                    |                 |          | Sacramento     | CA       | 94279-0074 |          |
| Creditor Name #1811                                                        |                                       | Address on File                  |                 |          |                | 0/1      | 04210 0014 |          |
| California Institute of Technology                                         |                                       | Frederic Farina                  |                 |          |                |          |            |          |
| Creditor Name #1720                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| California Pollution Control Financing Authority                           |                                       | P.O. Box 942809                  |                 |          | Sacramento     | CA       | 94209-0001 |          |
| California State Board of Equalization                                     | Legal Department, MIC 121             | 450 N St.                        | P.O. Box 942879 |          | Sacramento     |          | 94279-0029 |          |
| California State Board of Equalization                                     |                                       | 3321 Power Inn Road, Suite 210   |                 |          | Sacramento     | CA       | 95826      |          |
| Creditor Name #1450                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #1103                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #1587<br>Creditor Name #1104                                 |                                       | Address on File Address on File  |                 |          |                | <u> </u> |            |          |
| Creditor Name #1104<br>Candian Imperial Bank of Commerce                   |                                       | 199 Bay Street                   | 11th Floor      |          | Toronto        | ON       | M5L 1A2    | Canada   |
| Creditor Name #957                                                         |                                       | Address on File                  |                 |          | Toronto        | ON       | IVIJE TAZ  | Gallaua  |
| Creditor Name #1014                                                        |                                       | Address on File                  |                 |          |                | -        |            |          |
| Creditor Name #1700                                                        |                                       | Address on File                  |                 |          |                | -        |            |          |
| Creditor Name #1677                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #2089                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #2260                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #1822                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #2254                                                        |                                       | Address on File                  |                 |          |                | <u> </u> | <u> </u>   |          |
| Creditor Name #1699                                                        |                                       | Address on File                  |                 |          |                | <u> </u> | <u> </u>   |          |
| Creditor Name #2218                                                        |                                       | Address on File                  |                 |          |                | <b> </b> |            |          |
| Creditor Name #1736                                                        |                                       | Address on File                  |                 |          |                | <u> </u> | <u> </u>   |          |
| Creditor Name #1575<br>Creditor Name #1105                                 |                                       | Address on File Address on File  |                 |          |                | <b> </b> | +          |          |
| Creditor Name #1105<br>Creditor Name #1901                                 |                                       | Address on File                  |                 |          |                | <u> </u> | +          |          |
| Creditor Name #1901<br>Creditor Name #1106                                 | +                                     | Address on File                  | <u> </u>        |          |                | <u> </u> | t          |          |
| Creditor Name #1100                                                        | +                                     | Address on File                  |                 | t        |                | 1        | 1          |          |
| Creditor Name #1107                                                        | +                                     | Address on File                  |                 | t        |                | 1        | 1          |          |
| Creditor Name #1108                                                        | 1                                     | Address on File                  |                 |          |                | 1        |            |          |
| Creditor Name #1676                                                        | 1                                     | Address on File                  |                 |          |                | 1        |            |          |
| Creditor Name #803                                                         |                                       | Address on File                  |                 |          |                |          |            |          |
| Creditor Name #1109                                                        |                                       | Address on File                  |                 |          |                |          |            |          |
| Celtic Bank                                                                |                                       | 268 S State St, Ste 300          |                 |          | Salt Lake City |          | 84111      |          |
| Celtic Bank Corporation                                                    | Daniel Godfrey, Senior VP             | 268 S. State Street              | Suite 300       |          | Salt Lake City | UT       | 84111      |          |
| Celtic Bank, NA                                                            |                                       | Address on File                  |                 |          |                | <b> </b> | <u> </u>   |          |
| Creditor Name #1444                                                        |                                       | Address on File                  |                 |          |                | <u> </u> | <u> </u>   | +        |
| Creditor Name #1818<br>Creditor Name #1865                                 |                                       | Address on File Address on File  |                 |          |                | <u> </u> | <u> </u>   |          |
| Creditor Name #1865<br>Creditor Name #1819                                 |                                       | Address on File                  |                 |          |                | <u> </u> | +          |          |
| Creditor Name #1819<br>Creditor Name #1110                                 |                                       | Address on File                  |                 |          |                | <u> </u> |            |          |
| Creditor Name #1110<br>Creditor Name #1111                                 | +                                     | Address on File                  | <u> </u>        |          |                | <u> </u> | +          | +        |
| Creditor Name #1111                                                        | +                                     | Address on File                  |                 |          |                | <u> </u> | t          |          |
|                                                                            | 1                                     |                                  | 1               | 1        | 1              | 1        | 1          | 1        |
| Creditor Name #1112                                                        |                                       | Address on File                  |                 |          |                |          |            |          |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 7 of 33

| CreditorNomo                               | CreditorNoticeName | Addross1                        | Address2 | Address3 | City            | State    | Zin              | Country  |
|--------------------------------------------|--------------------|---------------------------------|----------|----------|-----------------|----------|------------------|----------|
| CreditorName<br>Creditor Name #1657        | CreditorNoticeName | Address1<br>Address on File     | Address2 | Address3 | City            | State    | Zip              | Country  |
| Creditor Name #1657                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #831                         |                    | Address on File                 |          |          |                 |          |                  |          |
| Cerocaru Investment Trust                  |                    | 1200 Cortez Dr                  |          |          | Glendale        | CA       | 91207            |          |
| Creditor Name #1589                        |                    | Address on File                 |          |          | Cicilduc        | 0/1      | 51201            |          |
| Creditor Name #1721                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1846                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1825                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Champion Network Solutions                 |                    | 1916 Forest Park Blvd           |          |          | Fort Worth      | ТΧ       | 76110            |          |
| Creditor Name #912                         |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #40                          |                    | Address on File                 |          |          |                 |          |                  |          |
| Charles Meyer                              |                    | 10020 trainstation circle       | 201      |          | Lone Tree       | CO       | 80124            |          |
| Charles Meyer                              |                    | 8111 SWEET WATER RD             |          |          | LONE TREE       | CO       | 80124-3016       |          |
| Creditor Name #1662                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1113                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1821                        |                    | Address on File                 |          |          |                 |          |                  |          |
| ChatGPT                                    |                    | 1960 Bryant Street              |          |          | San Francisco   | CA       | 94110            |          |
| Creditor Name #1114                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1115                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1116                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #2239                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #2237                        |                    | Address on File                 |          |          |                 |          |                  | ļ        |
| Creditor Name #2282                        |                    | Address on File                 |          |          |                 |          |                  | I        |
| Chipman Brown Cicero & Cole, LLP           |                    | 1313 N Market St                | Ste 5400 |          | Wilmington      | DE       | 19801            |          |
| Creditor Name #788                         |                    | Address on File                 |          |          |                 | L        |                  | I        |
| Creditor Name #55                          |                    | Address on File                 |          |          |                 |          | 00400.0000       | L        |
| CHRISTIAN STRAUB                           |                    | 9735 TOWNSVILLE CIR             |          |          | HIGHLANDS RANCH | CO       | 80130-6806       | l        |
| CIBC                                       |                    | 100.0.1                         |          |          | 01.             |          | 00000            | +        |
| CIBC Bank USA                              | Kurt Nichols       | 120 S. Lasalle                  |          |          | Chicago         | IL<br>ON | 60603            |          |
| CIBC.                                      |                    | 595 Bay St. 5th Floor           |          |          | Toronto         | ON<br>CA | M5G 2C2<br>91001 | Canada   |
| Cindy Coats                                |                    | 2193 Roosevelt Ave              |          |          | Altadena        | CA       | 91001            |          |
| Cindy Coats<br>Cirrius Solutions Inc.      |                    | 1600 Utica Ave S Ste 900        |          |          | St Louis Park   | MN       | 55416            |          |
| Creditor Name #1117                        |                    | Address on File                 |          |          | St Louis Park   | IVIIN    | 55416            |          |
| Creditor Name #2085                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1118                        |                    | Address on File                 |          |          |                 |          |                  | I        |
| Creditor Name #1911                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1737                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1119                        |                    | Address on File                 |          |          |                 |          |                  |          |
|                                            |                    |                                 |          |          |                 |          |                  |          |
| Creditor Name #1665                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #823                         | -                  | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1943                        | -                  | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1120                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #2065                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1121                        |                    | Address on File                 |          |          |                 |          |                  | 1        |
| Creditor Name #1122                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #2066                        |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1481                        |                    | Address on File                 |          |          |                 |          |                  |          |
|                                            |                    |                                 |          |          |                 | _        |                  |          |
| Creditor Name #1817                        |                    | Address on File                 |          |          |                 |          |                  | ļ        |
| Creditor Name #1795                        |                    | Address on File                 |          |          |                 |          |                  | ļ        |
| Creditor Name #2259                        |                    | Address on File                 |          |          |                 | L        |                  | I        |
| Creditor Name #1820                        |                    | Address on File                 |          |          |                 |          |                  | <u> </u> |
| Creditor Name #2233                        |                    | Address on File                 |          |          |                 |          |                  | ļ        |
| Creditor Name #1840                        | +                  | Address on File                 |          |          |                 |          |                  | II       |
| Creditor Name #1974                        | +                  | Address on File                 |          |          |                 |          |                  | II       |
| Creditor Name #1658                        |                    | Address on File                 |          |          |                 |          |                  | I        |
| Creditor Name #1793<br>Creditor Name #1827 |                    | Address on File Address on File |          |          |                 |          |                  |          |
| Creditor Name #1827<br>Creditor Name #1998 |                    | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1998<br>Creditor Name #1828 | +                  | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1828<br>Creditor Name #1443 | +                  | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1445<br>Creditor Name #2036 | +                  | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1526                        | +                  | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1829                        | +                  | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1829                        | +                  | Address on File                 |          |          |                 |          |                  | I        |
| Creditor Name #1567                        | +                  | Address on File                 |          |          |                 |          |                  |          |
| Creditor Name #1307                        |                    | Address on File                 |          |          |                 | -        |                  | I        |
| Creditor Name #1480                        |                    | Address on File                 |          |          |                 | <u> </u> |                  | I        |
|                                            | +                  |                                 |          |          |                 |          |                  |          |
| Creditor Name #1831                        |                    | Address on File                 |          |          |                 |          |                  |          |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 8 of 33

| CreditorName                               | CreditorNoticeName | Address1                 | Address2       | Address3 | City State  | Zip Country |
|--------------------------------------------|--------------------|--------------------------|----------------|----------|-------------|-------------|
| Creditor Name #1882                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1610                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2067                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2264                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2256                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1832                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1451                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1123                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1608                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1583                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1594                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1602                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1833                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1928                        |                    | Address on File          |                |          |             |             |
|                                            |                    |                          |                |          |             |             |
| Creditor Name #1513                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1467                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2227                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2086                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1807                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1592                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1124                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1515                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1834                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1613                        |                    | Address on File          |                |          |             | 1           |
| Creditor Name #1835                        |                    | Address on File          |                |          | 1           | 1 1         |
| Creditor Name #2268                        |                    |                          |                |          |             |             |
| Creditor Name #2208<br>Creditor Name #1013 |                    | Address on File          |                |          |             |             |
|                                            |                    | Address on File          |                |          |             |             |
| Creditor Name #1611                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1650                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1495                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1621                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1629                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2017                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2095                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1125                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1738                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1009                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2052                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1153                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2189                        |                    | Address on File          |                |          |             |             |
| Creditor Name #661                         |                    | Address on File          |                |          |             |             |
|                                            |                    |                          |                |          |             |             |
| Creditor Name #1848                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1126                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2109                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1618                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2055                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2073                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1582                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1428                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1739                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1669                        |                    | Address on File          |                | İ        | 1           | 1           |
|                                            |                    |                          |                |          |             |             |
| Creditor Name #1875                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1993                        |                    | Address on File          |                |          | +           | 1 1         |
| Creditor Name #1790                        |                    | Address on File          |                |          | +           | <u> </u>    |
|                                            |                    |                          |                |          |             |             |
| Creditor Name #1742                        |                    | Address on File          | 1              |          | <u> </u>    | <u> </u>    |
| Creditor Name #1154                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2183                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2269                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2018                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1469                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1548                        |                    | Address on File          |                |          |             |             |
| Creditor Name #2011                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1838                        |                    | Address on File          |                |          |             |             |
| Creditor Name #1127                        |                    | Address on File          |                |          |             |             |
| City of Pasadena Business Services Section |                    | 100 N Garfield Ave. N106 | P.O. Box 7115  |          | Pasadena CA | 91109       |
| Creditor Name #1128                        |                    | Address on File          | 1.0. Dox / 110 |          |             | 01100       |
|                                            |                    |                          |                |          |             | +           |
| Creditor Name #2146                        |                    | Address on File          | 1              |          | <u> </u>    | <u> </u>    |
| Creditor Name #1961                        |                    | Address on File          |                |          |             |             |
|                                            |                    |                          |                |          |             |             |
| Creditor Name #1641                        |                    | Address on File          |                |          |             |             |
|                                            |                    |                          |                |          |             |             |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 9 of 33

|                                            | CreditorNoticeName   | A 11                       |            |          | 0.1         |       | 7. 0 (      |
|--------------------------------------------|----------------------|----------------------------|------------|----------|-------------|-------|-------------|
| CreditorName                               |                      | Address1                   | Address2   | Address3 | City        | State | Zip Country |
| Creditor Name #2179                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1703                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1655                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1837                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1472                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1527                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1839                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1155                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #2247                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #2030                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1892                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1156                        |                      | Address on File            |            |          |             |       |             |
|                                            |                      |                            |            |          |             |       |             |
| Creditor Name #2040                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1556                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #935                         |                      | Address on File            |            |          |             |       |             |
| Creditor Name #2235                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1544                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1841                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #2223                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1157                        |                      | Address on File            | 1          |          | +           |       | +           |
| Creditor Name #1647                        |                      | Address on File            |            |          | +           |       | 1 1         |
| Creditor Name #1878                        |                      | Address on File            |            |          | + +         |       |             |
| Creditor Name #1893                        |                      | Address on File            |            |          | + +         |       | <u> </u>    |
| Creditor Name #1893<br>Creditor Name #2019 |                      |                            |            |          |             |       |             |
| Creditor Name #2019<br>Creditor Name #1843 |                      | Address on File            | l          |          | l           |       |             |
|                                            |                      | Address on File            | l          |          | l           |       | <u> </u>    |
| Creditor Name #1842                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1158                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1542                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #2185                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1604                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #2080                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1844                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1045                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1159                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #2284                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1663                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1847                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1488                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1664                        |                      | Address on File            |            |          |             |       |             |
|                                            |                      |                            |            |          |             |       |             |
| Creditor Name #2279                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1454                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1010                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1486                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1849                        |                      | Address on File            |            |          |             |       |             |
|                                            |                      |                            |            |          |             |       |             |
| Creditor Name #1862                        |                      | Address on File            |            |          | Create Dava | 20    | 07507       |
| Clear Point LLC                            | Oldrich Ocioch       | 7447 Rogue River Hwy       |            |          |             | OR    | 97527       |
| Clear Point, LLC                           | Oldrich Sejcek       | 7477 Rogue River Highway   |            |          | Grants Pass | OR    | 97527       |
| Creditor Name #1161                        |                      | Address on File            |            |          |             |       | ļ           |
| Creditor Name #1132                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1162                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1642                        |                      | Address on File            |            |          |             |       |             |
|                                            |                      |                            |            | 1        |             |       |             |
| Creditor Name #1695                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1038                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1163                        |                      | Address on File            |            |          |             |       |             |
| Creditor Name #1797                        |                      | Address on File            |            |          |             |       |             |
| Cogency Global                             |                      | 122 E. 42nd St, 18th Floor |            |          | New York    | NY    | 10168       |
| CohnReznick LLP                            |                      | 1900 Avenue of the Stars   | 28TH Floor |          |             | CA    | 90067       |
| Creditor Name #60                          |                      | Address on File            |            |          | 3           |       |             |
| Creditor Name #1937                        |                      | Address on File            |            |          |             |       | 1 1         |
| Creditor Name #1859                        |                      | Address on File            | 1          |          | +           |       | +           |
| Creditor Name #1160                        |                      | Address on File            |            |          | +           |       | 1 1         |
| Creditor Name #1858                        |                      | Address on File            |            |          | + +         |       | <u> </u>    |
|                                            |                      |                            |            |          |             |       |             |
| Creditor Name #1850                        |                      | Address on File            |            |          | l           |       | +           |
| Creditor Name #1164                        |                      | Address on File            |            |          | <u> </u>    |       | +           |
| Creditor Name #1165                        |                      | Address on File            |            |          | <u> </u>    |       | +           |
| Creditor Name #1851                        |                      | Address on File            |            |          | +           |       | <b>↓ ↓</b>  |
| Creditor Name #1855                        |                      | Address on File            |            |          |             |       |             |
| Colorado Department of Revenue             | Attn Bankruptcy Unit | PO Box 17087               | l          | l        | Denver      | 00    | 80217-0087  |
|                                            |                      |                            |            |          |             |       |             |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 10 of 33

| CreditorName                                             | CreditorNoticeName                | Address1                            | Address2              | Address3     | City          | State | Zip        | Country |
|----------------------------------------------------------|-----------------------------------|-------------------------------------|-----------------------|--------------|---------------|-------|------------|---------|
| Colorado Dept of Revenue                                 | Attn Bankruptcy Unit              | 1881 Pierce St.                     | Entrance B            |              | Lakewood      | CO    | 80214      |         |
| Creditor Name #1881                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1861                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1491                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Comcast - Colorado Internet                              |                                   | 1701 JFK Boulevard                  |                       |              | Philadelphia  | PA    | 19103      |         |
| Creditor Name #1166                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Commissioner of Insurance or Resident Agent              | CT Corporation System             | 7700 E. Arapahoe Road               | Suite 220             |              | Centennial    | CO    | 80112-1268 |         |
| Commonwealth of KY Department of Revenue                 | Legal Support Branch - Bankruptcy | PO Box 5222                         |                       |              | Frankfort     | KY    | 40602      |         |
| ·                                                        |                                   |                                     |                       |              |               |       |            |         |
| Commonwealth of Virginia, Department of General Services |                                   | Treasurer, Commonwealth of Virginia | DGS Fiscal Services   | P.O. Box 562 | Richmond      | VA    | 23218-0562 |         |
| Creditor Name #1852                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #952                                       |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #897                                       |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #898                                       |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1167                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Marile #1107                                    |                                   | Address of the                      | 301 W. Preston Street |              |               |       |            |         |
| Comptroller of Mandond                                   | Baltimore Toynover Service        | State Office Bldg.                  | Room 409              |              | Baltimore     | MD    | 21201-2373 |         |
| Comptroller of Maryland                                  | Baltimore Taxpayer Service        |                                     |                       |              |               | MD    |            |         |
| Comptroller of Maryland                                  | Revenue Administration Center     | Taxpayer Service Center             | 110 Carroll St        |              | Annapolis     |       | 21411-0001 |         |
| Comptroller of Maryland                                  |                                   | 80 Calvert St                       | PO Box 466            |              | Annapolis     | MD    | 21404-0466 |         |
| Creditor Name #1605                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| ConnectAndSell, Inc.                                     |                                   | P.O. Box 848088                     |                       |              | Los Angeles   | CA    | 90084      |         |
| Creditor Name #1643                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #703                                       |                                   | Address on File                     |                       |              |               |       |            |         |
| Consensus Sales                                          |                                   | 125 E. Main St. #118                |                       |              | American Fork | UT    | 84003      |         |
| Creditor Name #958                                       |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1856                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #2097                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #2192                                      |                                   | Address on File                     |                       | 1            |               |       | 1          | 1       |
| Creditor Name #1796                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1565                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1855                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1168                                      |                                   |                                     |                       |              |               |       |            |         |
|                                                          |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #2101                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #2171                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1169                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1462                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1884                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1866                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1522                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1170                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1887                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1970                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1555                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1867                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #720                                       |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #2087                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #2217                                      | +                                 | Address on File                     |                       |              | -             |       |            |         |
|                                                          |                                   |                                     |                       |              | Dhiladalphia  | DA    | 19147      | +       |
| Craig Baumer                                             |                                   | 748 Fitzwater St                    |                       |              | Philadelphia  | PA    | 19147      |         |
| Creditor Name #53                                        |                                   | Address on File                     |                       |              | 100 4105: 50  | 0.    | 00057 0510 |         |
| CRISTIAN RIVAS                                           |                                   | 1901 W 6TH ST APT 604               |                       |              | LOS ANGELES   | CA    | 90057-3542 |         |
| Creditor Name #1404                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1171                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| CT Corporation                                           |                                   | PO BOX 4349                         |                       |              | Carol Stream  | IL    | 60197-4349 |         |
| Creditor Name #1578                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #662                                       |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1789                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1150                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #663                                       |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1137                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1138                                      |                                   | Address on File                     |                       | 1            |               |       | 1          | 1       |
| Creditor Name #1147                                      |                                   | Address on File                     |                       |              | -             | _     | -          | +       |
| Creditor Name #1147                                      | +                                 | Address on File                     |                       | -            | -             |       |            | +       |
| Creditor Name #1146<br>Creditor Name #1139               |                                   | Address on File                     |                       |              | -             |       |            |         |
| Creditor Name #1139<br>Creditor Name #1140               |                                   | Address on File                     |                       |              |               |       | -          | +       |
|                                                          |                                   |                                     |                       |              |               |       |            | -       |
| Creditor Name #1141                                      |                                   | Address on File                     |                       |              |               |       | _          |         |
| Creditor Name #1142                                      |                                   | Address on File                     |                       |              | -             |       | -          |         |
| Creditor Name #1143                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1144                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1145                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1149                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| Creditor Name #1146                                      |                                   | Address on File                     |                       |              |               |       |            |         |
| <u>-</u>                                                 |                                   |                                     |                       |              |               |       |            |         |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 11 of 33

| CreditorName CreditorNoticeName                                                         | Address1                                             | Address2                 | Address3 | 0:4              | State      | 7:                  | Country |
|-----------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------|----------|------------------|------------|---------------------|---------|
| CreditorName CreditorNoticeName                                                         | Address on File                                      | Address2                 | Address3 | City             | State      | Zip                 | Country |
| Creditor Name #1136                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1134<br>Creditor Name #1806                                              | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1869                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1603                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Dailey LLP                                                                              | 218 W. Front Street                                  |                          |          | Media            | PA         | 19063               |         |
| Creditor Name #2173                                                                     | Address on File                                      |                          |          | Wedia            |            | 13003               |         |
| Creditor Name #1702                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
|                                                                                         |                                                      |                          |          |                  |            |                     |         |
| Creditor Name #1870                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #27                                                                       | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1615                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Dante Baker                                                                             | 4401 SEPULVEDA BLVD UNIT 404                         |                          |          | SHERMAN OAKS     | CA         | 91403-3937          |         |
| Creditor Name #3                                                                        | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1596                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #775                                                                      | Address on File                                      |                          |          |                  |            |                     |         |
| DataArt Solutions, Inc.                                                                 | 475 Park Avenue                                      | South 15th Floor         |          | New York         | NY         | 10016               |         |
| Datadog                                                                                 | 620 8TH AVE FL 45                                    |                          |          | New York         | NY         | 10018               |         |
| Datadog Inc                                                                             | 620 8TH AVE FL 45                                    |                          |          | New York         | NY         | 10018               |         |
| Creditor Name #1037                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1036                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #13                                                                       | Address on File                                      |                          |          |                  |            |                     |         |
| David L. Jaffe                                                                          | 239 Central Park West                                | Apartment #5A            |          | New York         | NY         | 10024               |         |
| Creditor Name #45                                                                       | Address on File                                      |                          |          |                  |            |                     |         |
| David Wittels                                                                           | c/o Jefferson River Capital                          |                          |          |                  |            |                     |         |
| Creditor Name #1173                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1696                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1879                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #2038                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Definitive Healthcare, LLC Matt Ruderman, Chief Legal Officer                           |                                                      |                          |          |                  |            |                     |         |
| Definitive Healthcare, LLC                                                              | 492 Old Connecticut Path                             | Ste 401                  |          | Framignham       | MA         | 01701               |         |
| Definitive Healthcare, LLC                                                              | 492 Old Connecticut Path Suite 401                   |                          |          | Framingham       | MA         | 01701               |         |
| Creditor Name #1896                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
|                                                                                         |                                                      | 820 N. French Street 6th |          |                  |            |                     |         |
| Delaware Attorney General Attn Bankruptcy Department                                    | Carvel State Office Building                         | Floor                    |          | Wilmington       | DE         | 19801               |         |
| Creditor Name #1872                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Delaware Division of Revenue Bankruptcy Service Division of Revenue/Bankruptcy Services | 820 N French St 8th Floor                            | Carvel State Building    |          | Wilmington       | DE         | 19801               |         |
| Delaware franchise tax                                                                  |                                                      |                          |          |                  |            |                     |         |
| Creditor Name #2222                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
|                                                                                         |                                                      |                          |          |                  |            |                     |         |
| Creditor Name #1518                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #779                                                                      | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1873                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1697                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1978                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #2184                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Department of Revenue WA State                                                          | PO BOX 47478                                         |                          |          | Olympia          |            | 98504               |         |
| Department of the Treasury - Internal Revenue Service                                   | George Hyde (G. H.) Fallon Federal Building          | 31 Hopkins Plaza         |          | Baltimore        | MD         | 21201               |         |
| Department of the Treasury - Internal Revenue Service                                   | Centralized Insolvency Operation                     | PO Box 7346              |          | Philadelphia     | PA         | 19101-7346          |         |
| Department of the Treasury, Internal Revenue Service                                    | 1500 Pennsylvania Avenue, NW                         |                          |          | Washington       | DC         | 20220               |         |
|                                                                                         |                                                      |                          |          |                  |            |                     |         |
| Creditor Name #1182                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #22                                                                       | Address on File                                      |                          |          | DANOLIO CANTA 55 | <b>C</b> A | 00007               |         |
| DEREK FRANCIS                                                                           | 17538 CIRCA ORIENTE                                  |                          |          | RANCHO SANTA FE  | CA         | 92067               |         |
| Creditor Name #1184                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1185                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1186<br>Creditor Name #1183                                              | Address on File                                      |                          |          |                  |            |                     |         |
| Ureditor Name #1183                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Craditar Nama #1197                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #1187                                                                     | Address on File                                      |                          |          |                  | ~          | 04004 4445          |         |
| DIANA BELLO                                                                             | 340 WAPELLO ST                                       |                          |          | ALTADENA         | CA         | 91001-4445          |         |
| Creditor Name #8                                                                        | Address on File                                      |                          |          |                  | C 4        | 01001 4445          |         |
| Diane Bello<br>Diego Mandelbaum                                                         | 340 WAPELLO ST<br>4016 Highwood Ct NW                |                          |          | ALTADENA         | CA<br>DC   | 91001-4445<br>20007 |         |
|                                                                                         |                                                      |                          |          | Washington       | DC         | 20007               |         |
| Creditor Name #1188                                                                     | Address on File                                      |                          |          |                  |            |                     |         |
| Creditor Name #782                                                                      | Address on File Address on File                      |                          |          |                  |            |                     |         |
| One dites Name #4400                                                                    |                                                      | 1                        | 1        |                  | L          |                     |         |
| Creditor Name #1189                                                                     |                                                      |                          |          | Destar           |            |                     |         |
| DNS Made Easy                                                                           | 11490 Commerce Park Dr                               | D.O. Boy 725445          |          | Reston           | VA         | 20191               |         |
| DNS Made Easy DocuSign Inc.                                                             | 11490 Commerce Park Dr<br>Lockbox                    | P.O. Box 735445          |          | Reston<br>Dallas | VA<br>TX   | 20191<br>75373-5445 |         |
| DNS Made Easy           DocuSign Inc.           Creditor Name #1190                     | 11490 Commerce Park Dr<br>Lockbox<br>Address on File | P.O. Box 735445          |          |                  |            |                     |         |
| DNS Made Easy<br>DocuSign Inc.                                                          | 11490 Commerce Park Dr<br>Lockbox                    | P.O. Box 735445          |          |                  |            |                     |         |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 12 of 33

| CreditorName                                      | CreditorNoticeName | Address1                                     | Address2 | Address3 | City          | State | Zip   | Country  |
|---------------------------------------------------|--------------------|----------------------------------------------|----------|----------|---------------|-------|-------|----------|
| Creditor Name #1192                               | CreditorNoticeName | Address on File                              | Addressz | Addresss | City          | State | Zip   | Country  |
| Creditor Name #2187                               |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #1885                               |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #1175                               |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #1176                               |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #1177                               |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #1174                               |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #1886                               |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #808                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #860                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #869                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #884                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #866                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #874                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #875                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #873                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #870                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #885                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #865                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #872                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #882                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #887                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #890                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #876                                |                    | Address on File                              |          |          |               |       |       | _        |
| Creditor Name #867                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #868<br>Creditor Name #879          |                    | Address on File<br>Address on File           |          |          |               |       |       |          |
| Creditor Name #879<br>Creditor Name #886          |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #891                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #881                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #889                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #871                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #877                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #878                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #864                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #892                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #888                                |                    | Address on File                              |          |          |               |       |       |          |
|                                                   |                    |                                              |          |          |               |       |       |          |
| Creditor Name #883                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #776                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #863                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #861                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #862                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #880                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #809                                |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #810                                |                    | Address on File                              |          |          |               |       |       |          |
| Dropbox                                           |                    | 1800 Owens St Ste 200                        |          |          | San Francisco | CA    | 94158 |          |
| Creditor Name #1008                               |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #1888                               |                    | Address on File                              |          |          |               |       |       | _        |
| Creditor Name #1178                               |                    | Address on File                              |          |          |               |       |       | _        |
| Creditor Name #1889                               |                    | Address on File                              |          |          |               |       |       |          |
| Dunn Mitchell Family Trust<br>Creditor Name #1894 |                    | c/o Bryan R. Dunn Trustee<br>Address on File |          |          |               |       |       |          |
| Creditor Name #1894<br>Creditor Name #1895        |                    | Address on File                              |          |          | +             |       |       |          |
| Creditor Name #1895<br>Creditor Name #1897        |                    | Address on File                              |          |          | +             |       |       |          |
| Creditor Name #1823                               |                    | Address on File                              |          |          | +             |       |       |          |
| Creditor Name #1633                               |                    | Address on File                              | +        |          |               |       | 1     | -        |
| Creditor Name #1439                               |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #1172                               |                    | Address on File                              |          |          | 1             |       | 1     |          |
| Creditor Name #959                                |                    | Address on File                              | t        |          |               |       | 1     | 1        |
| Creditor Name #1179                               |                    | Address on File                              |          |          |               |       | 1     |          |
| Creditor Name #1180                               |                    | Address on File                              |          |          | 1             |       |       |          |
| Creditor Name #721                                |                    | Address on File                              |          |          | 1             |       |       |          |
| Creditor Name #2204                               |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #1181                               |                    | Address on File                              |          |          |               |       | 1     |          |
| Creditor Name #1902                               |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #1620                               |                    | Address on File                              |          |          |               |       |       |          |
| eFax                                              |                    | 700 Flower St 15th Floor                     |          |          | Los Angeles   | CA    | 90017 |          |
| Eight Bit Machine Inc.                            | Attn Mario Parris  | 23 Cottage Heights                           |          |          | St. George    |       |       | Barbados |
| Creditor Name #1193                               |                    | Address on File                              |          |          |               |       |       |          |
| Creditor Name #1194                               |                    | Address on File                              |          |          |               |       |       |          |
|                                                   |                    |                                              |          |          |               |       |       |          |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 13 of 33

| CreditorName                               | CreditorNoticeName   | Address1                             | Address2 | Address3 | City          | State | Zip        | Country |
|--------------------------------------------|----------------------|--------------------------------------|----------|----------|---------------|-------|------------|---------|
| Creditorname                               | CreditorNoticeName   | Address i                            | Addressz | Address5 | City          | State | Zip        | Country |
| Creditor Name #1195                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #852                         |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1580                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1196                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1636                        |                      | Address on File                      |          |          |               |       |            | (       |
| Creditor Name #853                         |                      | Address on File                      |          |          |               |       |            |         |
| Electric Harbor, Inc.                      |                      | 11527 Sierra Sky Dr.                 |          |          | Whittier      | CA    | 90601      |         |
| Creditor Name #25                          |                      | Address on File                      |          |          | Willing       | 07    | 30001      |         |
| Creditor Name #1903                        |                      | Address on File                      |          |          |               |       |            |         |
| Ellucian Company, LP                       |                      | 2003 Edmund Halley Dr                | Ste 500  |          | Reston        | VA    | 20191      |         |
| Creditor Name #2110                        |                      | Address on File                      | 016 000  |          | Reston        | 17    | 20131      |         |
| Creditor Name #1634                        |                      | Address on File                      |          |          |               |       |            | i       |
| Creditor Name #795                         |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1429                        |                      | Address on File                      |          |          |               |       |            |         |
| EPIC SYSTEMS CORPORATION                   |                      | 1979 MILKY WAY                       |          |          | Verona        | WI    | 53593      |         |
| Creditor Name #1904                        |                      | Address on File                      |          |          | Verona        |       | 00000      |         |
| Creditor Name #1905                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1905                        |                      |                                      |          |          |               |       |            |         |
| Creditor Name #1197                        |                      | Address on File                      |          |          |               |       |            | 1       |
| Creditor Name #1197<br>Creditor Name #1652 |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1652<br>Creditor Name #993  |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #993<br>Creditor Name #994   |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #994<br>Creditor Name #995   |                      | Address on File                      |          |          |               |       |            |         |
|                                            |                      |                                      |          |          |               |       |            |         |
| Creditor Name #992                         |                      | Address on File                      |          |          | Son Francisco | CA    | 94104      |         |
| eShares, Inc (Carta)                       |                      | 333 Bush Street, Floor 23, Ste. 2300 |          |          | San Francisco |       |            |         |
| Eshares, Inc.                              |                      | Dept CH 17372                        |          |          | Palatine      | IL    | 60055      |         |
| Creditor Name #1907                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1135                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1543                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1909                        |                      | Address on File                      |          |          |               |       |            |         |
| Expensify.com                              |                      | 401 Southwest 5th Avenue             |          |          | Portland      | OR    | 97204      |         |
| Creditor Name #2245                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #2253                        |                      | Address on File                      |          |          |               |       |            | -       |
| Creditor Name #2244                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1743                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1541                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1912                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #2214                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1041                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1913                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #722                         |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1919                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1914                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1198                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #655                         |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1133                        |                      | Address on File                      |          |          |               |       |            |         |
|                                            |                      |                                      |          |          |               |       |            |         |
| Creditor Name #1915                        |                      | Address on File                      |          |          |               |       |            | -       |
| Creditor Name #2285                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1199                        |                      | Address on File                      |          |          |               |       |            | ,       |
| Figma                                      |                      | 760 Market Street, Floor 10,         |          |          | San Francisco | CA    | 94102      |         |
| Creditor Name #1200                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1987                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #704                         |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #664                         |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #705                         |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #960                         |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1201                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1202                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #706                         |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #665                         |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1744                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1550                        |                      | Address on File                      |          |          |               |       |            | 1       |
| Creditor Name #1203                        |                      | Address on File                      |          |          |               |       |            | 1       |
| Creditor Name #1916                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1204                        |                      | Address on File                      |          |          |               |       |            |         |
| Florida Dept of Revenue                    | Attn Bankruptcy Dept | 5050 West Tennessee St               |          |          | Tallahassee   | FL    | 32399-0112 |         |
| Creditor Name #2027                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #2257                        |                      | Address on File                      |          |          |               |       |            |         |
| Creditor Name #1917                        |                      | Address on File                      |          | 1        | 1             |       |            |         |
|                                            | 1                    |                                      | 1        | 1        | 1             | ı     | l          |         |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 14 of 33

| CreditorName                               | CreditorNoticeName                       | Address1                           | Address2 Address3 | City            | State    | Zip        | Country |
|--------------------------------------------|------------------------------------------|------------------------------------|-------------------|-----------------|----------|------------|---------|
| Creditor Name #1918                        | CreditorNoticeName                       | Address i<br>Address on File       | Address2 Address3 | City            | State    | Zip        | Country |
| Creditor Name #1745                        |                                          | Address on File                    |                   |                 | +        |            |         |
| Florida Tax Collectors, Inc.               | Attn Lisa Cullen                         | PO Box 2500                        |                   | Titusville      | FL       | 32781      |         |
| Creditor Name #763                         |                                          | Address on File                    | +                 |                 |          | 02101      |         |
| Creditor Name #1899                        |                                          | Address on File                    |                   |                 |          |            |         |
| Formlogic Ltd                              |                                          | HarbAa 30 st                       |                   | Tel Aviv        |          |            | Israel  |
| FormLogic LTD (Titan)                      |                                          | HaArbaa st 30                      |                   | Tel Aviv        | -        | 6473926    | Israel  |
| Creditor Name #1606                        |                                          | Address on File                    |                   |                 |          | 0110020    | loidor  |
| Creditor Name #1931                        |                                          | Address on File                    |                   |                 | -        |            |         |
| Creditor Name #1920                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #1000                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #1619                        |                                          | Address on File                    |                   |                 |          |            |         |
| Founder Shield                             |                                          | 122 W 26th St, 2nd Floor           |                   | New YOrk        | NY       | 10001      |         |
| Foundershield - D&O/E&O                    |                                          | 114 E 25th Street, 4th Floor,      |                   | New York        | NY       | 10010      |         |
| Foundershield - General Liability          |                                          | 114 E 25th Street, 4th Floor,      |                   | New York        | NY       | 10010      |         |
| Creditor Name #1496                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #707                         |                                          | Address on File                    |                   |                 |          |            |         |
| Franchise Tax Board                        |                                          | PO Box 942857                      |                   | Sacramento      | CA       | 94257-0531 |         |
| Creditor Name #1205                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #2213                        |                                          | Address on File                    |                   |                 |          |            |         |
| FREDNAE KNIGHT                             |                                          | 530 E MCDOWELL RD UNIT 107223      |                   | PHOENIX         | AZ       | 85004-1549 |         |
| Creditor Name #34                          |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #2181                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #2228                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #1590                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #2102                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #666                         |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #961                         |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #708                         |                                          | Address on File                    |                   |                 |          |            |         |
|                                            |                                          |                                    |                   |                 |          |            |         |
| Creditor Name #2248                        |                                          | Address on File                    |                   |                 |          |            |         |
| G2.com, Inc.                               |                                          | 100 S. Wacker Dr., #600            |                   | Chicago         |          | 60606      |         |
| G2.com, Inc.                               |                                          | 100 S Wacker Dr                    | Suite 600         | Chicago         | IL       | 60606      |         |
| Creditor Name #21                          |                                          | Address on File                    |                   |                 |          |            |         |
| GABRIEL FOLSOM                             |                                          | 608 W DUELL ST                     |                   | GLENDORA        | CA       | 91740-4719 |         |
| Creditor Name #2031                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #1206                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #1421                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #1207                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #1208                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #1921                        |                                          | Address on File                    |                   |                 |          |            |         |
|                                            | Compliance Division - Central Collection |                                    |                   |                 |          |            |         |
| Georgia Dept of Revenue                    | Section                                  | 1800 Century Blvd NE, Suite 9100   |                   | Atlanta         | GA       | 30345-3202 |         |
| Creditor Name #1922                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #1209                        |                                          | Address on File                    |                   |                 |          |            |         |
| Creditor Name #1923                        |                                          | Address on File                    |                   |                 |          |            |         |
| GEORGIA SECRETARY OF STATE                 | +                                        | 2 Martin Luther King Jr. Dr.       | 313 West Tower    | Atlanta         | GA       | 30334-1530 |         |
| Creditor Name #2098                        |                                          | Address on File                    | +                 | +               | <u> </u> | <u> </u>   | +       |
| Creditor Name #1924                        |                                          | Address on File                    | +                 | +               | +        |            | +       |
| Creditor Name #1925<br>Creditor Name #1210 | +                                        | Address on File Address on File    | +                 | +               | +        | <u> </u>   | +       |
| Creditor Name #1210<br>Creditor Name #56   |                                          | Address on File                    | +                 | +               | +        | +          |         |
| GINA TENAZAS                               |                                          | 5950 CANTERBURY DR APT C301        | +                 | CULVER CITY     | CA       | 90230-6716 | +       |
| GINA TENAZAS<br>GIRISH CHANDNANI           |                                          | 1310 ESPLANADE APT 111S            | +                 | REDONDO BEACH   |          | 90230-6716 |         |
| Creditor Name #11                          |                                          | Address on File                    | +                 |                 | UA       | 30211-3030 |         |
| GitHub                                     | +                                        | 88 Colin P. Kelly Jr. Street       | +                 | San Francisco   | CA       | 94107      |         |
| Creditor Name #1936                        | +                                        | Address on File                    | +                 |                 |          | 34107      |         |
| Creditor Name #1936<br>Creditor Name #723  | +                                        | Address on File                    | +                 | +               | +        | +          |         |
| Creditor Name #123<br>Creditor Name #1211  | +                                        | Address on File                    | +                 | +               | +        | +          |         |
| Global Data Risk, LLC                      | +                                        | 6929 W 84th Pl                     | +                 | Los Angeles     | CA       | 90045      | +       |
| Creditor Name #1212                        | +                                        | Address on File                    | +                 |                 |          | 30040      | +       |
| Creditor Name #781                         | +                                        | Address on File                    | +                 | +               | +        | +          | +       |
| Creditor Name #667                         | +                                        | Address on File                    | +                 | +               | <u> </u> | +          |         |
| Creditor Name #1213                        | +                                        | Address on File                    | +                 | +               | +        | +          | +       |
| Google Ads                                 | +                                        | 1600 Amphitheatre Parkway          | +                 | Mountain View   | CA       | 94043      | +       |
| Creditor Name #1746                        | +                                        | Address on File                    | +                 |                 |          | 04040      |         |
|                                            | Marc DiGeronimo, Director of Revenue     |                                    | +                 | +               | <u> </u> | +          | +       |
| GovSpend                                   | Operations Jonathan Ross                 |                                    |                   |                 |          |            |         |
| GovSpend                                   |                                          | 700 W. Hillsboro Blvd. Suite 4-100 | +                 | Deerfield Beach | FL       | 33441      | +       |
|                                            | +                                        | 548 Market Street, #35410          | +                 |                 |          |            |         |
| Grammarly                                  |                                          |                                    |                   | San Francisco   |          |            |         |
| Grammarly<br>Creditor Name #1926           |                                          | Address on File                    |                   | San Francisco   | CA       | 94104      | -       |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 15 of 33

| CreditorName                              | CreditorNoticeName Address1          | Address2 Address3 | 0:4:          | State | Zip     | 0              |
|-------------------------------------------|--------------------------------------|-------------------|---------------|-------|---------|----------------|
| Creditor Name #1586                       | Address1                             | Address2 Address3 | City          | State | Zip     | Country        |
| Creditor Name #2215                       | Address on File                      |                   |               |       |         | +              |
| Creditor Name #2175                       | Address of The                       |                   |               |       |         | -              |
| Grasshopper                               | 333 Summer St                        |                   | Boston        | MA    | 02210   |                |
| Creditor Name #1214                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1635                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1459                       | Address on File                      |                   |               |       |         |                |
| Greg Buechler                             | 2075 Canyon Lakes Dr                 |                   | San Ramon     | CA    | 94582   |                |
| Greg Steininger                           | 601 Lido Park Dr                     | Unit 3F           | Newport Beach | CA    | 92663   |                |
| Creditor Name #1747                       | Address on File                      |                   |               |       |         |                |
| GSA                                       | 450 Golden Gate Avenue               |                   | San Francisco | CA    | 94102   |                |
| Creditor Name #1595<br>Creditor Name #668 | Address on File                      |                   |               |       |         |                |
| Creditor Name #669                        | Address on File Address on File      |                   |               |       |         | -              |
| Creditor Name #2039                       | Address on File                      |                   |               |       |         | +              |
| Creditor Name #1927                       | Address of The                       |                   |               |       |         | -              |
| Creditor Name #670                        | Address on File                      |                   |               |       |         | +              |
| Creditor Name #2258                       | Address on File                      |                   |               |       |         | +              |
| Creditor Name #1573                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1938                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #784                        | Address on File                      |                   |               | 1     |         | 1              |
| Creditor Name #786                        | Address on File                      |                   |               |       |         |                |
| Creditor Name #893                        | Address on File                      |                   |               |       |         |                |
| Creditor Name #1748                       | Address on File                      |                   |               |       |         | -              |
| Creditor Name #2043                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1929                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1487                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1930                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1685                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1656                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1722                       | Address on File                      |                   |               |       |         |                |
| Harry Wilson                              | 7 Lime Close                         | Syston            | England       |       | LE7 2AZ | Great Britain  |
| Harry Wilson                              |                                      |                   |               |       |         |                |
| Creditor Name #1932                       | Address on File                      |                   |               |       |         |                |
| Harut Baghdasaryan                        | 4932 BLACKBIRD WAY                   |                   | PLEASANTON    | CA    | 94566   |                |
| Creditor Name #2                          | Address on File                      |                   | LEASANTON     |       | 34300   |                |
| Creditor Name #1215                       | Address on File                      |                   |               |       |         |                |
| Harwich Road 2007-A Investment Trust      | 239 Central Park West                |                   | New York      | NY    | 10024   |                |
| Creditor Name #2106                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1216                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #709                        | Address on File                      |                   |               |       |         |                |
| Creditor Name #1001                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1933                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1217                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1934                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1218                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #710                        | Address on File                      |                   |               |       |         |                |
| Creditor Name #711                        | Address on File                      |                   |               |       |         |                |
| Creditor Name #712                        | Address on File                      |                   |               |       | 0.1.1.1 | ļ              |
| Hexnode                                   | 111 Pine St #1225                    |                   | San Francisco | CA    | 94111   | <u>+'</u>      |
| Creditor Name #1219                       | Address on File                      |                   |               | -     |         | <sup>!</sup>   |
| Creditor Name #962<br>Creditor Name #1792 | Address on File Address on File      |                   |               |       |         | <u> </u> ]     |
| Creditor Name #1792<br>Creditor Name #671 | Address on File                      |                   |               |       |         |                |
| Creditor Name #1220                       | Address on File                      |                   |               |       |         | +              |
| Creditor Name #2290                       | Address of File                      |                   |               | 1     | 1       | +              |
| HMRC Cumbernauld                          |                                      |                   |               | 1     | 1       | + <sup>!</sup> |
| Creditor Name #1749                       | Address on File                      |                   | 1             | 1     | 1       |                |
| Hogan Lovells US LLP                      | 8350 Broad Street                    |                   | Tysons        | VA    | 22102   | t              |
| Hogan Lovells US LLP                      | 1999 Avenue of the Stars, Suite 1400 |                   | Los Angeles   | CA    | 90067   | 1              |
| Creditor Name #1711                       | Address on File                      |                   | 5             | 1     | -       | 1              |
| Creditor Name #1712                       | Address on File                      |                   |               | 1     |         | 1              |
| Creditor Name #1535                       | Address on File                      |                   |               | 1     | 1       |                |
| Creditor Name #672                        | Address on File                      |                   |               |       |         |                |
| Creditor Name #1726                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1727                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #2273                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #1935                       | Address on File                      |                   |               |       |         |                |
| Creditor Name #816                        | Address on File                      |                   |               |       |         |                |
| Creditor Name #819                        | Address on File                      |                   |               | 1     |         |                |
|                                           |                                      |                   |               |       |         |                |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 16 of 33

| CreditorName                                            | CreditorNoticeName                     | Address1                         | Address2 Address3                       | City              | State    | Zip        | Country |
|---------------------------------------------------------|----------------------------------------|----------------------------------|-----------------------------------------|-------------------|----------|------------|---------|
| Creditor Name #815                                      | CreditorNoticeName                     | Address on File                  | Address2 Address3                       | City              | State    | Zip        | Country |
| Creditor Name #818                                      |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #817                                      |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1661                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1741                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1654                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Hubspot                                                 |                                        | 25 First Street                  |                                         | Cambridge         | MA       | 02141      |         |
| Hubspot Inc.                                            |                                        | 25 1st St Ste 200                |                                         | Cambridge         | MA       | 02114      |         |
| Creditor Name #1956                                     |                                        | Address on File                  |                                         | Cambridge         |          | 02114      |         |
| Creditor Name #1221                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1939                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #899                                      |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #901                                      |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #900                                      |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1523                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1940                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #673                                      |                                        | Address on File                  |                                         |                   |          |            |         |
| Hyperspect Inc.                                         |                                        | 6450 Lusk Blvd., Suite E208      |                                         | San Diego         | CA       | 92121      |         |
| Idaho State Tax Commission                              | Attn Compliance Division               | PO Box 36                        |                                         | Boise             | ID       | 83722-0036 |         |
| Idaho State Tax Commission                              | Autr Compliance Division               | 11321 W Chinden Blvd Bldg 2      |                                         | Boise             | ID       | 83714      |         |
| Idaho State Tax Commission                              |                                        | PO Box 83784                     |                                         | Boise             | ID       | 83707-3784 |         |
| Creditor Name #674                                      |                                        | Address on File                  |                                         | DOISE             | טו       | 03/01-3/04 |         |
| Creditor Name #674<br>iHire                             |                                        | 41 E. All Saints St.             |                                         | Frederick         | MD       | 21701      |         |
|                                                         | Bankruptov I Init                      | PO Box 19035                     |                                         |                   |          |            |         |
| Illinois Dept of Revenue<br>Illinois Secretary of State | Bankruptcy Unit                        |                                  |                                         | Springfield       | IL<br>IL | 62794-9035 |         |
| Illinois Secretary of State Illinois State Treasurer    | Jesse White                            | 213 State Capitol                |                                         | Springfield       | IL<br>IL | 62756      |         |
| Illinois State Treasurer<br>Creditor Name #1777         |                                        | 555 W. Monroe Street, 14th Floor |                                         | Chicago           | μL       | 60661      |         |
| Creditor Name #1777<br>Creditor Name #1779              |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1779                                     |                                        | Address on File                  |                                         |                   |          |            |         |
|                                                         |                                        |                                  |                                         |                   |          |            |         |
| Creditor Name #1780                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1781                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1222                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1223                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1224                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1225                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1226                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1782                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #713                                      |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #724                                      |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #1549                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Indiana Dept of Revenue                                 | Bankruptcy Section                     | 100 North Senate Avenue, MS 108  |                                         | Indianapolis      | IN       | 46204      |         |
| Industrious                                             |                                        | 21 Miller Alley                  |                                         | Pasadena          | CA       | 91103      |         |
| Industrious - Pasadena office                           |                                        | P.O. Box 780441                  |                                         | Philadelphia      | PA       | 19178      |         |
| Industrious National Mnagement Company LLC              | Attn Leghal Department                 | 215 Park Avenue South            | 12th Floor                              | New York,         | NY       | 10003      |         |
|                                                         |                                        |                                  |                                         |                   |          |            |         |
| Creditor Name #1958                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| INGENO                                                  |                                        | 025-330 rue Saint-Vallier Est    |                                         | Quebec            | QC       | G1K 9C5    | Canada  |
| Creditor Name #1227                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Creditor Name #714                                      |                                        | Address on File                  |                                         |                   |          |            |         |
|                                                         |                                        |                                  |                                         |                   | 1        |            |         |
| Creditor Name #1957                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Insivia Technologies, LLC                               |                                        | PO BOX 470164                    |                                         | Broadview Heights | OH       | 44147      |         |
| Insperity                                               |                                        | 19001 Crescent Springs Dr        |                                         | Kingwood          | TX       | 77339      |         |
| Creditor Name #725                                      |                                        | Address on File                  |                                         |                   |          |            |         |
| Interim CFOs LLC                                        |                                        | 500 West Putnam Avenue           |                                         | Greenwich         | CT       | 06830      |         |
| Interim CFOs LLC                                        |                                        | 500 W Putnam Ave Ste 400         |                                         | Greenwich         | CT       | 06830      |         |
| Internal Revenue Service                                | Attn Victor Contreras, Revenue Officer | P.O. Box 145595                  | Stop 8420G                              | Cincinnati        | OH       | 45250-5585 |         |
| Internal Revenue Service                                | Centralized Insolvency Operation       | 1111 Constitution Ave., NW       |                                         | Washington        | DC       | 20224      |         |
| Internal Revenue Service                                | Centralized Insolvency Operation       | P.O. Box 7346                    |                                         | Philadelphia      | PA       | 19101-7346 |         |
| Creditor Name #1783                                     |                                        | Address on File                  |                                         |                   |          |            |         |
| Intuit                                                  |                                        | 2700 Coast Avenue                |                                         | Mountain View     | CA       | 94043      |         |
| Iowa Department of Revenue                              |                                        | Hoover State Office Building     | 1305 E Walnut                           | Des Moines        | IA       | 50319      |         |
| Iowa Dept of Revenue and Finance                        | Attn Bankruptcy Unit                   | PO Box 10330                     | 1                                       | Des Moines        | IA       | 50306-0330 |         |
| Creditor Name #963                                      |                                        | Address on File                  |                                         |                   | 1        |            |         |
| Creditor Name #1228                                     |                                        | Address on File                  |                                         |                   | 1        |            |         |
| Creditor Name #38                                       |                                        | Address on File                  |                                         |                   | 1        |            |         |
| Ivan Markman                                            |                                        | 2010 Fairburn Ave                | + + + + + + + + + + + + + + + + + + + + | Los Angeles       | CA       | 90025      |         |
| Creditor Name #4                                        | 1                                      | Address on File                  | +                                       |                   |          |            |         |
| Creditor Name #2048                                     | +                                      | Address on File                  | +                                       | -                 | 1        | 1          |         |
| Creditor Name #1478                                     |                                        | Address on File                  |                                         |                   | 1        |            | +       |
|                                                         |                                        |                                  |                                         | 1                 | 1        |            |         |
| Creditor Name #2172                                     |                                        | Address on File                  |                                         |                   |          |            |         |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 17 of 33

| Or all the Netter Nette | A-1-1                                | Adduses  | 0:4           | Q4-4- 7:        | O       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------|---------------|-----------------|---------|
| CreditorName CreditorNoticeName Creditor Name #1941                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address1 Address2<br>Address on File | Address3 | City          | State Zip       | Country |
| Creditor Name #1941<br>Creditor Name #1960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Address on File                      |          |               |                 |         |
| Creditor Name #1960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1954                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address on File                      |          |               |                 |         |
| JAEDON DESTINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8695 FESTIVAL ST                     |          | CHINO         | CA 91708-8882   |         |
| Creditor Name #726                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Address on File                      |          |               | 0.11 01100 0002 |         |
| Creditor Name #26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address on File                      |          |               |                 |         |
| Creditor Name #91                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address on File                      |          |               |                 |         |
| Jamf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 100 Washington Ave S, Suite 1100     |          | Minneapolis,  | MN 55401        |         |
| JAMF Software, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 100 Washington Ave S, Suite 1100     |          | Minneapolis   | MN 55401        |         |
| Creditor Name #1230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          | •             |                 |         |
| JAYJEL2, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 601 Lexington Avenue 55th floor      |          | New York      | NY 10022        |         |
| Creditor Name #759                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Address on File                      |          |               |                 |         |
| Creditor Name #1530                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1944                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address on File                      |          |               |                 |         |
| JEFFREY FEITSHANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11610 YELLOW DAISY DR                |          | PARKER        | CO 80134-4389   |         |
| Jeffrey Y. Suto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 751 Laurel Street Suite 721          |          | Santa Clara   | CA 94070        |         |
| JENNIFER GAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3310 NW MORNINGWOOD CT               |          | BEND          | OR 97703        |         |
| Creditor Name #23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address on File                      |          |               |                 |         |
| Creditor Name #14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address on File                      |          |               | 04 04000 0000   |         |
| JERRY DARAKJIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1760 HILLFAIR DR                     |          | GLENDALE      | CA 91208-2710   |         |
| Jessica Hawthorne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 126 S. Catalina Street               |          | Ventura       | CA 993001       |         |
| Jetbrains                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 989 East Hillsdale Blvd. Suite 200   |          | Foster City   | CA 94404        | +       |
| John Hancock                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PO Box 600                           |          | Buffalo       | NY 14201        |         |
| Creditor Name #1076                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1231 Creditor Name #1532                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address on File                      |          |               |                 |         |
| Creditor Name #1532                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1531                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File Address on File      |          |               |                 |         |
| Creditor Name #2267                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #2207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #903                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Address on File                      |          |               |                 |         |
| Creditor Name #1493                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1232                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1233                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1955                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #770                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Address on File                      |          |               |                 |         |
| Jonathan Malmaud                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2235 California Street #198          |          | Mountain View | CA 94040        |         |
| Creditor Name #1006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| JOON Enterprises, PBC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6360 Wilshire Boulevard, Ste 100     |          | Los Angeles   | CA 90048        |         |
| Creditor Name #43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address on File                      |          |               |                 |         |
| Julie Chuang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11800 Goshen Ave                     |          | Los Angeles   | CA 90049        |         |
| JULIE CHUANG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11800 GOSHEN AVE APT 305             |          | LOS ANGELES   | CA 90049-7331   |         |
| Creditor Name #12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address on File                      |          |               |                 |         |
| Creditor Name #1234                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1235                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1236                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1452                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1040                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address on File                      |          |               | ID 00007.0740   |         |
| JUSTIN RIGSBY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5204 BARKLEY WAY                     |          | CALDWELL      | ID 83607-8749   |         |
| Creditor Name #1237                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1724                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #1551                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 | +       |
| Creditor Name #964 Creditor Name #1750                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address on File Address on File      |          |               | + + +           | +       |
| Creditor Name #1750<br>Creditor Name #656                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Address on File                      |          |               |                 | +       |
| Kansas Dept of Revenue Scott State Office Building                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 120 SE 10th Avenue                   |          | Topeka        | KS 66612-1103   | +       |
| Creditor Name #1751                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          | горока        | 00012-1103      | +       |
| Creditor Name #2202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Creditor Name #2202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          | +             |                 | +       |
| Creditor Name #1259                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| Kayleb Cooper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1201 SOUTH HOPE STREET Suite 1613    |          | Los Angeles   | CA 90015        |         |
| KBB Capital LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 444 Mount Auburn St #5               |          | Watertown     | MA 02472        |         |
| KBB Capital LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 444 Mt. Auburn Street #5             |          | Watertown     | MA 02472        |         |
| Creditor Name #1470                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address on File                      |          |               |                 |         |
| KEGLER BROWN HILL + RITTER CO., LPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 65 East State Street, Suite 1800     |          | Columbus      | OH 43215        |         |
| Kelly Kliner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8618 COLONIAL DR                     |          | LONE TREE     | CO 80124-9743   |         |
| Creditor Name #33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Address on File                      |          |               |                 |         |
| • I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | · · ·                                |          |               |                 |         |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 18 of 33

| CreditorName CreditorNoticeName                    | Address1                                | Address2  | Address3 | City        | State | Zip        | Country |
|----------------------------------------------------|-----------------------------------------|-----------|----------|-------------|-------|------------|---------|
| Creditor Name #2197                                | Address on File                         | Addressz  | Addresss | City        | State | Zip        | Country |
| Creditor Name #1945                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1238                                | Address on File                         |           |          |             |       |            |         |
| Kentucky Dept of Revenue                           | 501 High St                             |           |          | Frankfort   | KY    | 40601      |         |
| Creditor Name #1946                                | Address on File                         |           |          |             |       |            |         |
| Ketchum Partners, LLC                              | c/o Sound Point Capital Management L.P. |           |          |             |       |            |         |
| Creditor Name #2060                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #31                                  | Address on File                         |           |          |             |       |            |         |
| KEVIN KEELY                                        | 5154 BERRYESSA ST                       |           |          | OCEANSIDE   | CA    | 92056      |         |
| Creditor Name #675                                 | Address on File                         |           |          |             |       |            |         |
| Creditor Name #2241                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #728 Creditor Name #1239             | Address on File<br>Address on File      |           |          |             |       |            |         |
| Creditor Name #2243                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1497                                | Address on File                         |           |          |             |       |            |         |
| King Wang                                          | 2911 Sentry Oak Way                     |           |          | Sugar Land  | тх    | 77479      |         |
| Kira Deffner                                       | 112 Solstice Circle                     |           |          | Cary        | NC    | 27513      |         |
| Kissel Stratton & Wilmer LLP Attn Salvatore Barone | 580 White Plains Road                   | 5th Floor |          | Tarrytown   | NY    | 10591      |         |
| Creditor Name #1947                                | Address on File                         |           |          | ,           |       |            |         |
| Creditor Name #729                                 | Address on File                         |           |          |             |       |            |         |
| Kokka & Backus, PC                                 | 550 S. California Ave                   | Ste 300   |          | Palo Alto   | CA    | 94306      |         |
| Creditor Name #1557                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1949                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1950                                | Address on File                         |           |          |             |       |            |         |
| KRISTEN BECKER                                     | 1014 E HIGHWAY 82 PMB 149               |           |          | GAINESVILLE | ТΧ    | 76240-2721 |         |
| Creditor Name #764                                 | Address on File                         |           |          |             |       |            | ┥────┦  |
| Creditor Name #6                                   | Address on File                         |           |          |             |       |            |         |
| Creditor Name #796 Creditor Name #730              | Address on File Address on File         |           |          |             |       |            |         |
| Creditor Name #1558                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #7                                   | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1790                                | Address on File                         |           |          |             |       |            |         |
|                                                    |                                         |           |          |             |       |            |         |
| Creditor Name #894                                 | Address on File                         |           |          |             |       |            |         |
| Creditor Name #965                                 | Address on File                         |           |          |             |       |            |         |
| Creditor Name #731                                 | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1240                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1951                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1241                                | Address on File                         |           |          |             |       |            |         |
| LAKIA FERGUSON                                     | 273 COUNTRY LANDING BLVD                |           |          | АРОРКА      | FL    | 32703-5026 |         |
| Creditor Name #19                                  | Address on File                         |           |          |             |       |            |         |
| Creditor Name #966                                 | Address on File                         |           |          |             |       |            |         |
| Creditor Name #967                                 | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1952<br>Creditor Name #1977         | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1977<br>Creditor Name #1773         | Address on File Address on File         |           |          |             |       |            |         |
| Creditor Name #1073                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #2033                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1242                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1967                                | Address on File                         |           | 1        |             | 1     | 1          |         |
| Creditor Name #1802                                | Address on File                         |           |          |             |       | 1          |         |
| Lastpass                                           | 125 High Street                         |           |          | Boston      | MA    | 02241      |         |
| Creditor Name #1601                                | Address on File                         |           | 1        |             | 1     | 1          |         |
| Creditor Name #676                                 | Address on File                         |           |          |             |       |            |         |
| Creditor Name #677                                 | Address on File                         |           |          |             |       |            |         |
| Creditor Name #2194                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1243                                | Address on File                         |           |          |             |       |            |         |
| Leadium                                            | 11035 Lavender Hill Drive Ste 160,      |           |          | Las Vegas   | NV    | 89119      | ļ       |
| Creditor Name #2226                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1962                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1981                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1648                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1048                                | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1244<br>Creditor Name #1963         | Address on File                         |           |          |             | 1     |            | +       |
| Creditor Name #968                                 | Address on File                         |           |          |             | 1     | 1          | +       |
| Creditor Name #900                                 | Address on File                         |           |          |             | -     | 1          | +       |
| Creditor Name #969                                 | Address on File                         |           |          |             |       |            |         |
| Creditor Name #1774                                | Address on File                         |           |          |             | 1     | 1          |         |
| Creditor Name #1964                                | Address on File                         |           |          |             |       | 1          |         |
| Creditor Name #2037                                | Address on File                         |           | 1        |             | 1     | 1          |         |
|                                                    | 1                                       | 1         | 4        | 1           |       | 1          | J       |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 19 of 33

| Creditor Name #2034Address on FileImage: Creditor Name #1644Address on FileImage: Creditor Name #1644Creditor Name #1644Address on FileAddress on FileImage: Creditor Name #1644Image: Creditor Name #1645Image: Creditor Name #1757Image: Creditor Name #1457Image: Credito                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1693-0622<br>1693-0622<br>1211-3830<br>302 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Credior Name #005Address on FileImage: Section Name #005Image: Section Name #005 <thi< td=""><td>302</td></thi<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 302                                        |
| Cardior Name #905         Address on File         Image: Solid Soli                                          | 302                                        |
| Cardior Name #907         Cardior Name #907         Cardior Name #908         Cardior Name #938         Cardior Name #732         Cardior Name #734         Cardior Name #734         Cardior Name #746                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 302                                        |
| Creditor Name #309         Index         Address on File         Index         Index <th< td=""><td>302</td></th<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 302                                        |
| Cheditor Name #1245         Indexess on File         Indexess on Fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 302                                        |
| Creditor Name #1245         Inc.         Address on File         Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 302                                        |
| Creditor Name #794         Address on File         Image: Creditor Name #1980         Image: Creditor Name #1644         Image: Creditor Name #1647         Image: Creditor Name #1647         Image: Creditor Name #1737         Image: Creditor Name #1458         Image: Creditor Name #1458         Image: Creditor Name #1457         Image: Creditor Na                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 302                                        |
| Creditor Name #971         Inclusion         Address on File         Inclusion         Inclusion<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 302                                        |
| Creditor Name #1930         Indexes on File         Indexe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 302                                        |
| Creditor Name #1946         Address on File         Image: Construct on F                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 302                                        |
| Creditor Name #1966         med         Address on File         med         dicago         IL         66083-           Creditor Name #2034         Address on File           66083-          66083-          66083-          66083-          66083-          66083-           66083-           66083-           66083-           66083-             66083-           66083-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 302                                        |
| LinkedIn Corporation         chicago         IL         60693-<br>60693           Creditor Name #2034         Address on File         Addres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 302                                        |
| Creditor Name #2034       Address on File       Image: Creditor Name #1644       Image: Creditor Name #1646       Image: Creditor Name #1666       Image: Creditor Name #1666       Image: Creditor Name #1666       Image: Creditor Name #1457       Image: Creditor Name #1458       Image: Creditor Name #1458       Image: Creditor Name #1457       Image: Creditor Name #2003       Image: Creditor N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 302                                        |
| Creditor Name #1644         Address on File         Image: Creditor Name #163         Address on File         Image: Creditor Name #63         DENVER         CO         80211           Creditor Name #63         1         3147 ZUNI ST         Image: Creditor Name #972         DENVER         CO         80211           Creditor Name #1458         1         Address on File         Image: Creditor Name #1458         Image: Creditor Name #1457         Image: Creditor Name #1457         Image: Creditor Name #1457         Image: Creditor Name #103         Image: Creditor Name #2013         Image: Creditor Name #2014         Image: Creditor Name #1247         Image: Creditor Name #1247                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 302                                        |
| Creditor Name #164         Address on File         Image: Creditor Name #83         Address on File         Image: Creditor Name #83         Image: Creditor Name #1457         Image: Creditor Name #1458         Image: Creditor Name #1457         Image: Creditor Name #103         Image: Creditor Name #1457         Image: Creditor Name #103         Image: Creditor Name #1047         Image: Creditor Name #191         Image: Creditor Name #191         Image: Creditor Name #191         Image: Creditor Name #191         Image: Creditor Name #1247         Image:                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 302                                        |
| Creditor Name #63         Index son File         Inde                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 302                                        |
| LISA WLT         DENVER         CO         80211-           Creditor Name #72         Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 302                                        |
| Creditor Name #125         Address on File         Image: File State Stat                                          | 302                                        |
| Creditor Name #1458Address on FileImage: Solution of the sol                                   |                                            |
| Creditor Name #1457Address on FileImage: Solution Name #2103Address on FileImage: Solution Name #2103Image: Solution Name #2003Image: Solution Name #2003 <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |
| Creditor Name #2103Address on FileImage: Section Variable of the sec                                   |                                            |
| Creditor Name #909Address on FileImage: Second Secon                                   |                                            |
| Creditor Name #910Address on FileImage: Constraint of the second s                                   |                                            |
| Creditor Name #911Address on FileCalabasasCA91302Logis CFO LLCCalabasasCA91302Creditor Name #1247Address on FileCalabasasCA91302Creditor Name #1976Address on FileCalabasasCA91302Creditor Name #1976Address on FileCalabasasCA90122Creditor Name #1976Address on FileCalabasasCA90122Creditor Name #1672Address on FileCalabasasCA90012Creditor Name #1672Address on FileCalabasasCA90012Los Angeles County Tax CollectorAddress on FileCalabasasCA90012Creditor Name #2220Address on FileCalabasasCA90012Creditor Name #1666Address on FileCalabasasCA90012Lousiana Department of RevenueAddress on FileCalabasasCA90012Lousiana Dept of RevenueCalabasasG11 North Third StBaton RougeLA70821Lucas ChervinCaladeron De La Barca1359 5FCiudad de Buenos AiresLLLucas ChervinPje. Calden 870Pje. Calaba 870Buenos AiresLLCreditor Name #1248Address on FileCalabasaCalabasasLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |
| Logis CFO LLCCalabasasCA91302Creditor Name #1247Address on FileImage: CalabasasCA91302Creditor Name #1976Address on FileImage: CalabasasImage: CalabasasCA91302Creditor Name #1373Address on FileImage: CalabasasImage:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |
| Creditor Name #1247Address on FileIncome #1376Income #1376Inco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |
| Creditor Name #1976       Address on File       Image: Marging and the second s                                                  | 012                                        |
| Creditor Name #733       Address on File       Image: Addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 012                                        |
| Creditor Name #1672       Address on File       Income #1672       Address on File       Income #1072       Los Angeles       Coll       CA       90012         Los Angeles County Tax Collector       Attn Joseph Kelly, Tax Collector       225 North Hill Street       Room 122       Los Angeles       CA       90012         Creditor Name #2200       Address on File       Income #220                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 012                                        |
| Los Angeles County Tax Collector       Attn Joesph Kelly, Tax Collector       225 North Hill Street       Room 122       Los Angeles       CA       90012         Creditor Name #1266       Address on File       Image: Control Name #1666       Address on File       Image: Control Name #1666       Image: Control Name #1066       Image: Control Name #107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 012                                        |
| Creditor Name #2220       Address on File       Image: Creditor Name #1666       Image: Creditor Name #1979       Image: Creditor Name #1070       Image: Creditor Name #1979       Image: Creditor Name #1979       Image: Creditor Name #1359 SF       Image: Creditor Name #1248       Image: Credito                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |
| Creditor Name #1666         Address on File         Image: Marcine Ma                                          |                                            |
| Louisiana Department of Revenue       PO Box 201       Baton Rouge       LA       70821-         Louisiana Dept of Revenue       617 North Third St       Baton Rouge       LA       70802         Creditor Name #1979       Address on File       Cedideron De La Barca       1359 5F       Ciudad de Buenos Aires       Ciudad de Bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |
| Louisiana Dept of Revenue       Baton Rouge       LA       70802         Creditor Name #1979       Address on File             70802         Lucas Chervin       Calderon De La Barca       1359 5F       Ciudad de Buenos Aires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 821-0201                                   |
| Creditor Name #1979     Address on File     C       Lucas Chervin     Calderon De La Barca     1359 5F     Cludad de Buenos Aires       Lucas Chervin     Pje. Calden 870     Buenos Aires     C       Creditor Name #1248     Address on File     Buenos Aires     C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |
| Lucas Chervin       Ciudad de Buenos Aires         Lucas Chervin       Pje. Calden 870       Buenos Aires         Creditor Name #1248       Address on File       Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
| Lucas Chervin         Pje. Calden 870         Buenos Aires           Creditor Name #1248         Address on File         0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Argentina                                  |
| Creditor Name #1248 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Argentina                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ŭ                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 101                                        |
| Creditor Name #5 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |
| Creditor Name #1812 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| Creditor Name #777 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| Creditor Name #769 Address on File defined and the second se                                                                                                                                                                                                                                             |                                            |
| Creditor Name #2009 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| Creditor Name #69 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |
| Creditor Name #1249 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| Creditor Name #973 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| Mailosaur Square, Basing View Basingstoke Hampshire RG21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | G21 4EB Great Britain                      |
| Creditor Name #1770 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| Creditor Name #678 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| Mapbox description descripti description description description description description d |                                            |
| Maria Sol Delgado de la construcción de la construc |                                            |
| Mariana Gun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |
| Mariana Gun Vera 624 Buenos Aires D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Argentina                                  |
| Creditor Name #1730 Address on File dddees on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| Creditor Name #913 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| Creditor Name #914 Address on File dddress on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| Creditor Name #1731 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| Creditor Name #915 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |
| Creditor Name #920 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
| Creditor Name #916 Address on File definition Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |
| Creditor Name #1728         Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |
| Creditor Name #1729 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |
| Creditor Name #917 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |
| Creditor Name #919 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |
| Creditor Name #918         Address on File         Image: Creditor Name #1968         Address on File         Image: Creditor Name #1968         Image: Creditor Name #1968 <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 20 of 33

| CreditorName                               | CreditorNoticeName       | Address1                                   | Address2        | Address3 | City              | State | Zip        | Country   |
|--------------------------------------------|--------------------------|--------------------------------------------|-----------------|----------|-------------------|-------|------------|-----------|
| MARIO GOINS                                | CreditorNoticeName       | 713 BLUEROCK DR                            | Addressz        | Addresss | ANTIOCH           | CA    | 94509-6933 | Country   |
| Creditor Name #24                          |                          | Address on File                            |                 |          |                   | 0/1   | 04000 0000 |           |
| Mario Parris                               |                          | 23 Cottage Heights,                        |                 |          | St. George        |       |            | Barbados  |
| Creditor Name #1971                        |                          | Address on File                            |                 |          | ot. Ocorge        |       |            | Darbados  |
| Creditor Name #1466                        |                          | Address on File                            |                 |          |                   |       |            | -         |
| Mark Brosso                                |                          | 1075 Maple Hill Ln                         |                 |          | Malvern           | PA    | 19355      |           |
| Creditor Name #65                          |                          | Address on File                            |                 |          |                   |       | 10000      | -         |
| Creditor Name #319                         |                          | Address on File                            |                 |          |                   |       |            | -         |
|                                            |                          |                                            |                 |          |                   |       |            | -         |
| Creditor Name #72                          |                          | Address on File                            |                 |          |                   |       |            |           |
| MarkStarLaw                                |                          | 11035 Lavender Hill Drive Ste 160 #400     |                 |          | Las Vegas         | NV    | 89135      |           |
| MarkStarLaw                                |                          | 11035 Lavender Hill Drive                  | Suite 160 #440  |          | Las Vegas         | NV    | 89135      |           |
| Creditor Name #1569                        |                          | Address on File                            | 0410 100 # 110  |          | Edd Yogdd         |       | 00100      |           |
|                                            |                          |                                            |                 |          |                   |       |            |           |
| Creditor Name #1251                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #1975                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Massachusetts Department of Revenue        |                          | 100 Cambridge St., 2nd Floor               |                 |          | Boston            | MA    | 02114      |           |
| Massachusetts Department of Revenue        |                          | PO Box 7090                                |                 |          | Boston            | MA    | 02204-7090 |           |
| Massachusetts Dept of Revenue              |                          | PO Box 7089                                |                 |          | Boston            | MA    | 02204      |           |
| Creditor Name #1972                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #1465                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #2199                        |                          | Address on File                            | 1               |          |                   |       |            |           |
| Matias Chervin                             |                          |                                            | 1               |          |                   |       |            |           |
| Matias N Chervin                           |                          | Calden Pje. 870                            |                 |          | Buenos Aires      |       |            | Argentina |
| Matias N Chervin                           |                          | Pje. Calden 870                            | 1               |          | Buenos Aires      |       |            | Argentina |
| Creditor Name #734                         |                          | Address on File                            |                 |          |                   |       |            |           |
| MAX CIACCIO                                |                          |                                            | 1               |          |                   |       |            | ARGENTINA |
| Maxio, LLC                                 | 1                        | 6575 The Corners Pkwy Fllor 4              |                 |          | Norcross          | GA    | 30092      |           |
| Maxio, LLC                                 |                          | 6575 The Corners Pkwy NW Suite 400         |                 |          | Peachtree Corners | GA    | 30092      |           |
| Maxio, LLC                                 |                          |                                            |                 |          |                   | 0,1   | 00002      | -         |
| Creditor Name #1252                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #974                         |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #1253                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #1463                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #679                         |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #1490                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #2291                        |                          | Address on File                            |                 |          |                   |       | -          |           |
| Creditor Name #1683                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #1254                        |                          | Address on File                            |                 |          | -                 |       |            |           |
| Creditor Name #1255                        |                          | Address on File                            |                 |          | -                 |       |            |           |
| Creditor Name #1235                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #735                         |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #2286                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #1637                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #1256                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #2232                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #2232<br>Creditor Name #1982 |                          |                                            |                 |          |                   |       |            |           |
| Creditor Name #1982<br>Creditor Name #1983 |                          | Address on File                            |                 |          | -                 | _     |            |           |
| Creditor Name #1983<br>Creditor Name #715  |                          | Address on File<br>Address on File         |                 |          |                   |       |            |           |
|                                            | the Depublic of Armer :- |                                            | Pide 07 Fist 00 |          | Vereven           |       |            | Armon:-   |
| Meri Harutyunyan                           | the Republic of Armenia  | Yerevan, Yervand Kochar St.                | Bldg 27 Flat 20 |          | Yerevan           | _     |            | Armenia   |
| Creditor Name #736                         |                          | Address on File                            |                 |          | Vereven           |       | 0022       | Armon:-   |
| Metric LLC                                 |                          | 39, 2 Bakunts St                           |                 |          | Yerevan           |       | 0033       | Armenia   |
| Creditor Name #2104                        |                          | Address on File                            | -               |          | -                 | _     |            |           |
| Creditor Name #1769                        |                          | Address on File                            |                 |          | -                 | _     |            |           |
| Creditor Name #36                          |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #16                          |                          | Address on File                            |                 |          | Oanta Mani        | C.1   | 00.400     |           |
| Michael J. Halpern                         |                          | 301 21st Place                             |                 |          | Santa Monica      | CA    | 90402      |           |
| MICHAEL LEEDOM                             |                          | 15686 VIA MONTECRISTO                      |                 |          | SAN DIEGO         | CA    | 92127-4142 |           |
| Microsoft                                  |                          | One Microsoft Way                          |                 |          | Redmond           | WA    | 98052      |           |
| Creditor Name #1257                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #1768                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #2042                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #2186                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #975                         |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #1258                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #1799                        |                          | Address on File                            |                 |          |                   |       |            |           |
| Creditor Name #680                         |                          | Address on File                            |                 |          |                   |       |            |           |
| Millennial Specialty Insurance LLC         | c/o Scale Underwriting   | 114 E. 25th Street                         | 4th Floor       |          | New York          | NY    | 10001      |           |
|                                            |                          |                                            | Suite 800       |          | Tampa             | FL    | 33607      |           |
| Millennial Specialty Insurance LLC         |                          | 4211 W. Boy Scout Blvd                     | Suile 600       |          | Tampa             | ΓL    | 33007      | -         |
|                                            |                          | Address on File<br>600 North Robert Street | Suile 800       |          | St. Paul          | MN    | 55101      |           |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 21 of 33

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | Address2             |          | 0.1            | 01.1  | -          | 0             |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------|----------|----------------|-------|------------|---------------|
| CreditorName                              | CreditorNoticeName                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Address1                            | Address2             | Address3 | City           | State | Zip        | Country       |
| Creditor Name #2084                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Miro                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 201 Spear Street Suite 1100         |                      |          | San Francisco  | CA    | 94105      |               |
| Miro                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P.O. Box 103473                     |                      |          | Pasadena       | CA    | 91189-3473 |               |
| Creditor Name #1516                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Mississippi Department of Revenue         | Attn Bankruptcy Dept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 500 Clinton Center Drive            |                      |          | Clinton        | MS    | 39056      |               |
| Mississippi Department of Revenue         | Attn Bankruptcy Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PO Box 22808                        |                      |          | Jackson        | MS    | 39225-2808 |               |
| Creditor Name #1996                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | Harry S Truman State |          |                |       |            |               |
| Missouri Department of Revenue            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 301 West High Street                | Office Building      |          | Jefferson City | МО    | 65101      |               |
| 1                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>3</b>                            | Harry S Truman State |          |                | -     |            |               |
| Missouri Dept of Revenue                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 301 West High Street                | Office Building      |          | Jefferson City | MO    | 65101      |               |
| Creditor Name #1259                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     | Office Duilding      |          | benersen eity  | WIC   | 00101      |               |
| Moelis Dynasty Investments LLC            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | c/o Baker Tilly                     |                      |          |                |       |            |               |
| Creditor Name #737                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1260                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                      |          |                |       |            |               |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #2242                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1473                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #2200                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #2045                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #681                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1985                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1984                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Morlin Asset Management, LP - storage     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 701 N. Brand Blvd. Ste 810          |                      |          | Glendale       | CA    | 91203      |               |
| Morris, Nichols, Arsht & Tunnell LLP      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1201 North Market Street 16th Floor | PO BOX 1347          | 1        | Wilmington     | DE    | 19899      |               |
| Morris, Nichols, Arsht & Tunnell LLP      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1201 North Market Street 16th Floor |                      | 1        | Wilmington     | DE    | 19899      |               |
| Mosaic                                    | Joe Garafalo Ryan Ridley                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12520 High Bluff Drive              | #340                 | 1        | San Diego      | CA    | 92130      |               |
| Mosaic Finance, Inc.                      | arararo riyarriddoy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12520 High Bluff Dr, Ste 320        |                      | t        | San Diego      | CA    | 92130      |               |
| Mosaic Finance, Inc.                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12520 High Bluff Drive, Ste 340     |                      |          | San Diego      | CA    | 92130      |               |
| Creditor Name #1261                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          | San Diego      | CA    | 92130      |               |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                      |          |                |       |            |               |
| Creditor Name #1262                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1263                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #2024                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1994                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1264                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #682                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #798                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #799                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #800                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1265                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1267                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1269                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1272                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1273                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1273                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                      |          |                |       |            |               |
| Creditor Name #1266                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1268                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1270                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1271                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     | 1                    |          |                |       |            |               |
| Creditor Name #1275                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1276                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1277                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #68                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| National Association of Attorneys General | Attn Karen Cordry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1850 M St., NW 12th Floor           |                      |          | Washington     | DC    | 20036      |               |
| Creditor Name #1651                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1725                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     | 1                    | 1        | 1              |       |            |               |
| Creditor Name #1521                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Address on File                     | 1                    | 1        |                |       |            |               |
| Creditor Name #2292                       | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Address on File                     | 1                    | 1        |                |       |            |               |
| Creditor Name #2099                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     | 1                    | 1        |                |       |            |               |
| Creditor Name #66                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Address on File                     | 1                    | +        |                |       |            |               |
| Neill & Co                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                      | -        | London         |       | WE 2YE     | Great Britain |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 26 New Broadway                     | EALTNG               |          |                |       | W5 2XE     |               |
| NEILL & CO.                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 26 New Broadway Ealing              |                      |          | London         |       | W52XA      | Great Britain |
| Creditor Name #1278                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #997                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     | 1                    |          |                |       |            |               |
| Creditor Name #1402                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #1403                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     | 1                    |          |                | 1     |            |               |
| Creditor Name #977                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #922                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |
| Creditor Name #929                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     | 1                    |          |                |       |            |               |
| Creditor Name #926                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     | 1                    |          |                |       |            |               |
|                                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Address on File                     | 1                    | 1        |                |       |            |               |
|                                           | T Contraction of the second seco |                                     |                      | 1        |                | 1     | 1          | 1             |
| Creditor Name #921<br>Creditor Name #927  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address on File                     |                      |          |                |       |            |               |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 22 of 33

| • · · · · ·                                                      |                           |                                                |                        |          |               | ~     |            |         |
|------------------------------------------------------------------|---------------------------|------------------------------------------------|------------------------|----------|---------------|-------|------------|---------|
| CreditorName                                                     | CreditorNoticeName        | Address1                                       | Address2               | Address3 | City          | State | Zip        | Country |
| Creditor Name #931                                               |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #930                                               |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #928                                               |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #924                                               |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #923                                               |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #925                                               |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #806                                               |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1704                                              |                           | Address on File                                |                        |          |               |       |            |         |
| NEW HAMPSHIRE DEPARTMENT OF REVENUE                              |                           |                                                | Governor Hugh Gallen   |          |               |       |            |         |
| ADMINISTRATION                                                   | ATTN LEGAL BUREAU         | 109 Pleasant St. (Medical & Surgical Building) | State Office Park      |          | Concord       | NH    | 03301      |         |
| Creditor Name #1991                                              |                           | Address on File                                |                        |          | Contoord      |       | 00001      |         |
| New Jersey Division of of Taxation                               |                           | PO BOX 450                                     |                        |          | Trenton       | NJ    | 08646-0303 |         |
| Creditor Name #1430                                              |                           | Address on File                                |                        |          | Trenton       | INJ   | 00040-0303 |         |
| New York Department of State                                     |                           |                                                | 00 Mashington Ava      |          | Albony        | NY    | 12241      |         |
|                                                                  |                           | One Commerce Plaza                             | 99 Washington Ave      |          | Albany        | INT   | 12241      |         |
| Creditor Name #978                                               |                           | Address on File                                |                        |          |               |       |            |         |
| New York State Dept of Taxation and Finance                      | Attn Office of Counsel    | Building 9                                     | WA Harriman Campus     |          | Albany        | NY    | 12227      |         |
| New York State Dept of Taxation and Finance                      | Bankruptcy Section        | PO Box 5300                                    |                        |          | Albany        | NY    | 12205-0300 |         |
| Creditor Name #1995                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1598                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Nexmo                                                            |                           | 501 2nd Street, Suite 310                      |                        |          | San Francisco | CA    | 94107      |         |
| Creditor Name #59                                                |                           | Address on File                                |                        |          |               |       |            |         |
| Nicolas Backer                                                   |                           | 6911 Scenic Drive                              |                        |          | Yakima        | WA    | 98908      |         |
| Nicolas Martinez                                                 |                           |                                                | 1                      | 1        |               |       |            |         |
| Creditor Name #57                                                |                           | Address on File                                | t                      | +        | 1             | -     |            |         |
| NICOLE TENNYSON                                                  |                           | 12146 S GREAT PLAIN WAY                        |                        | 1        | PARKER        | со    | 80134-4377 |         |
|                                                                  |                           |                                                |                        |          | FARREN        | 00    | 00134-4377 |         |
| Creditor Name #1431                                              |                           | Address on File                                |                        |          | Harmana Bag - | CA    | 90254      |         |
| Nolan Family Trust                                               |                           | 58 11th Street                                 |                        |          | Hermosa Beach | CA    | 90254      |         |
| Creditor Name #2211                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1638                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #2255                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1784                                              |                           | Address on File                                |                        |          |               |       |            |         |
| North Carolina Dept of Revenue                                   | Attention Bankruptcy Unit | Post Office Box 1168                           |                        |          | Raleigh       | NC    | 27602-1168 |         |
| North Carolina Dept of Revenue                                   | Attn Bankruptcy Dept      | PO Box 25000                                   |                        |          | Raleigh       | NC    | 27640-0640 |         |
| Creditor Name #1585                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1477                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #2191                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1419                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1546                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1485                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1988                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1988                                              |                           | Address on File                                |                        |          |               |       |            |         |
|                                                                  |                           |                                                |                        |          |               | _     |            |         |
| Creditor Name #1989                                              |                           | Address on File                                |                        |          |               | -     |            |         |
| Creditor Name #1679                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1786                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1279                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #2201                                              |                           | Address on File                                |                        |          |               |       |            |         |
|                                                                  |                           |                                                |                        |          |               |       |            |         |
| Creditor Name #895                                               |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #2208                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #2205                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1633                                              |                           | Address on File                                |                        | 1        |               |       |            |         |
| Creditor Name #29                                                |                           | Address on File                                |                        | 1        | 1             | 1     | 1          |         |
| Creditor Name #1280                                              |                           | Address on File                                |                        | 1        | 1             | +     |            |         |
| Creditor Name #1200                                              |                           | Address on File                                | t                      | +        | 1             | -     |            |         |
| Creditor Name #1990                                              |                           | Address on File                                | 1                      | 1        | 1             | 1     |            |         |
|                                                                  |                           |                                                |                        |          |               | +     | -          |         |
| Creditor Name #1640                                              |                           | Address on File                                |                        |          |               | +     | -          |         |
| Creditor Name #785                                               |                           | Address on File                                |                        |          |               | -     |            |         |
| Creditor Name #768                                               |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1471                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1616                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1992                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1456                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Obvious Pixel                                                    |                           | 326 Bonanza Way                                |                        |          | Danville      | CA    | 94526      |         |
| Creditor Name #1282                                              |                           | Address on File                                |                        |          |               |       |            |         |
| Creditor Name #1524                                              |                           | Address on File                                |                        | 1        | 1             |       |            |         |
| Creditor Name #1024<br>Creditor Name #2129                       |                           | Address on File                                | t                      | +        | 1             | -     |            |         |
| Creditor Name #1705                                              |                           | Address on File                                |                        |          | 1             | +     |            |         |
|                                                                  |                           |                                                |                        |          |               | +     |            |         |
| Creditor Name #2270                                              |                           | Address on File                                |                        |          |               | +     | -          | ļļ      |
| Creditor Name #1483                                              |                           | Address on File                                |                        |          |               |       | +          |         |
|                                                                  |                           |                                                | 844 King Street, Suite |          |               | 25    | 10001      |         |
| Office of the United States Trustee for the District of Delaware |                           | J. Caleb Boggs Federal Building                | 2207, Lockbox 35       |          | Wilmington    | DE    | 19801      |         |
|                                                                  |                           |                                                |                        |          |               |       |            |         |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 23 of 33

| CreditorName                                        | CreditorNoticeName             | Address1                                                 | Address2                 | Address3 | City                           | State    | Zin                      | Country |
|-----------------------------------------------------|--------------------------------|----------------------------------------------------------|--------------------------|----------|--------------------------------|----------|--------------------------|---------|
| Ohio Dept of Taxation                               | Attn Bankruptcy Division       | 4485 Northland Ridge Blvd.                               | Addressz                 | Addresss | City<br>Columbus               | OH       | Zip<br>43229             | Country |
|                                                     | Fran Barna aproy Britolon      | ribo Hordinana riago bira.                               |                          |          | Columbuo                       | 0        | 10220                    |         |
| Ohio Dept of Taxation                               | Jeff McClain, Tax Commissioner | 4485 Northland Ridge Blvd.                               | Tax Commissioners Office |          | Columbus                       | ОН       | 43229                    |         |
| Creditor Name #1283                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #1285                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #1284                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #738                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #2016                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Oklahoma Tax Commission                             | General Counsels Office        | Oklahoma Tax Commission                                  |                          |          | Oklahoma City                  | OK       | 73194                    |         |
| Oklahoma Tax Commission                             | Taxpayer Service Center        | 300 N Broadway Ave.                                      |                          |          | Oklahoma City                  | OK       | 73102                    |         |
| Okta, Inc.<br>Okta, Inc.                            |                                | 100 1st Street, 14th Floor<br>100 First Street Suite 600 |                          |          | San Francisco<br>San Francisco | CA<br>CA | 94105<br>94105           |         |
| Oldrich Sejcek                                      |                                | 7447 rogue river hwy grants pass or 97527                |                          |          | Sall Flancisco                 | CA       | 94105                    |         |
| Olea Kiosks Inc.                                    |                                | 13845 Artesia Blvd                                       |                          |          | Cerritos                       | CA       | 90703                    |         |
| Creditor Name #2176                                 |                                | Address on File                                          |                          |          | Comeo                          | 0,1      | 00,00                    |         |
| Creditor Name #2000                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Optimal Sales Search                                |                                | 2433 Edwards Ave                                         |                          |          | El Cerrito                     | CA       | 94530                    |         |
| Creditor Name #1286                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #1767                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #2224                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #1287                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #2283                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #814                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #828                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #812                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #827                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #826                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #830                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #813                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #829                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #2001                                 |                                | Address on File                                          |                          |          | 0.1                            | 0.0      | 07000 0050               |         |
| Oregon Department of Revenue Oregon Dept of Revenue | Attn Bankruptcy Unit           | po box 14950<br>955 Center St NE                         |                          |          | Salem<br>Salem                 | OR<br>OR | 97309-0950<br>97301-2555 |         |
| Creditor Name #683                                  |                                | Address on File                                          |                          |          | Salem                          | UK       | 97301-2555               |         |
| Creditor Name #1645                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #2003                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #998                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #1517                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #1997                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Pachulski Stang Ziehl & Jones                       |                                | 10100 Santa Monica Blvd, Suite 1300                      |                          |          | Los Angeles                    | CA       | 90067                    |         |
| PagerDuty                                           |                                | 600 Townsend St. Suite 200                               |                          |          | San Francisco                  | CA       | 94103                    |         |
| Pagerduty Inc.                                      |                                | Dept 3817                                                | PO Box 123817            |          | Dallas                         | ΤX       | 75312                    |         |
| Creditor Name #1612                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Palisades Growth Capital II, L.P.                   |                                | 11726 San Vicente Blvd #450                              |                          |          | Los Angeles                    | CA       | 90049                    |         |
| Creditor Name #979                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #1288                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #2007                                 |                                | Address on File                                          |                          |          |                                | -        |                          |         |
| Creditor Name #797                                  | O/O Marilia Accest Mar         | Address on File                                          |                          |          | Olar dala                      | 0.4      | 01000                    |         |
| Pasadena Tri City Ventures                          | C/O Morlin Asset Mgmt          | 701 N. Brand Blvd. Ste 810                               |                          |          | Glendale                       | CA       | 91203                    |         |
| Creditor Name #739<br>Creditor Name #1626           |                                | Address on File                                          |                          |          |                                | -        |                          |         |
| Creditor Name #1626<br>Creditor Name #2262          |                                | Address on File Address on File                          |                          |          |                                |          |                          |         |
| Creditor Name #2262<br>Creditor Name #780           |                                | Address on File                                          |                          |          |                                |          | -                        |         |
| Creditor Name #791                                  |                                | Address on File                                          |                          |          | +                              |          | +                        | -       |
| Creditor Name #791                                  |                                | Address on File                                          |                          |          | 1                              |          | -                        | 1       |
| Creditor Name #793                                  |                                | Address on File                                          |                          |          | 1                              |          | -                        | 1       |
| Paul Pedrazzi                                       | 1                              | 326 Bonanza Way                                          |                          |          | Danville                       | CA       | 94526                    |         |
| Creditor Name #2116                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #932                                  |                                | Address on File                                          |                          |          | 1                              |          |                          |         |
| Creditor Name #1622                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #2004                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #1289                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| PENNSYLVANIA DEPARTMENT OF REVENUE                  | BANKRUPTCY DIVISION            | Strawberry Square Lobby                                  |                          |          | Harrisburg                     | PA       | 17128-0101               |         |
| Pennsylvania Dept of Revenue                        | Attn Compliance & Bankruptcy   | Strawberry Square Lobby                                  |                          |          | Harrisburg                     | PA       | 17128-0101               |         |
| Creditor Name #1290                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #2005                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Creditor Name #1504                                 |                                | Address on File                                          |                          |          |                                |          |                          |         |
| Perry Trebatch                                      |                                | 950 Third Avenue - 4th Floor                             |                          |          | New York                       | NY       | 10022                    |         |
| Creditor Name #981                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
|                                                     |                                |                                                          |                          |          |                                |          |                          |         |
| Creditor Name #982                                  |                                | Address on File                                          |                          |          |                                |          |                          |         |
|                                                     |                                |                                                          |                          |          |                                |          |                          |         |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 24 of 33

| CreditorName CreditorNoticeName                                   | Address1                                   | Address2          | Address3 | City          | State    | Zip        | Country |
|-------------------------------------------------------------------|--------------------------------------------|-------------------|----------|---------------|----------|------------|---------|
| CreditorName #980                                                 | Address on File                            | Addressz          | Addresss | City          | State    | Zip        | Country |
| Creditor Name #2236                                               | Address on File                            |                   | +        |               | <u> </u> |            |         |
| Creditor Name #1291                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #1639                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #1448                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #2006                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #2010                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #1653                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #2230                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #2008                                               | Address on File                            |                   |          | Lauiauilla    |          | 40005      |         |
| Phoebe Wood Creditor Name #789                                    | 1045 Alta Vista Rd<br>Address on File      |                   |          | Louisville    | KY       | 40205      |         |
| Creditor Name #1800                                               | Address on File                            |                   | +        |               |          |            |         |
| Creditor Name #740                                                | Address on File                            |                   | +        |               | <u> </u> |            |         |
| Creditor Name #766                                                | Address on File                            |                   |          |               |          | 1          |         |
| Creditor Name #984                                                | Address on File                            |                   | 1        | -             |          |            |         |
| Creditor Name #983                                                | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #1294                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #1293                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #1297                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #1296                                               | Address on File                            | L                 |          | - <u> </u>    | <b> </b> |            |         |
| Creditor Name #1295                                               | Address on File                            |                   | +        | +             | <b> </b> | +          |         |
| Creditor Name #1292 Creditor Name #1298                           | Address on File Address on File            |                   | +        | +             | <u> </u> | +          |         |
| Creditor Name #1298<br>Creditor Name #1502                        | Address on File                            | <u> </u>          | +        | +             | <u> </u> | +          |         |
| Creditor Name #1002                                               | Address on File                            | +                 | +        | +             | <u> </u> | +          |         |
| Creditor Name #1005                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #802                                                | Address on File                            |                   |          | -             |          | -          |         |
| Creditor Name #1299                                               | Address on File                            |                   | 1        | -             |          |            |         |
| Creditor Name #1003                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #1004                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #49                                                 | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #1813                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #1810                                               | Address on File                            |                   |          |               | <u> </u> |            |         |
| Creditor Name #996 Creditor Name #1300                            | Address on File Address on File            |                   |          |               |          |            |         |
| Creditor Name #1500                                               | Address on File                            |                   | +        | +             |          | +          |         |
| Creditor Name #1498                                               | Address on File                            |                   | +        |               | <u> </u> |            |         |
| Creditor Name #2151                                               | Address on File                            |                   |          | -             |          | -          |         |
| Creditor Name #684                                                | Address on File                            |                   | 1        | -             |          |            |         |
| Creditor Name #1563                                               | Address on File                            |                   |          | -             |          |            |         |
| Creditor Name #685                                                | Address on File                            |                   |          |               |          |            |         |
| Plaintiffs in Ab Inventio, LLC et al. v. Palisades Growth Capital |                                            |                   |          |               |          |            |         |
| II, L.P. et. al., C.A. No. 2023-1279-JTL. Elizabeth A. Sloan      | 919 N Market St, 11th Flr                  | Ballard Spahr LLP |          | Wilington     | DE       | 19801-3034 |         |
| Creditor Name #1068                                               | Address on File                            |                   |          |               | <u> </u> |            |         |
| Creditor Name #1069 Creditor Name #1070                           | Address on File<br>Address on File         |                   |          |               |          |            |         |
| Creditor Name #1070                                               | Address on File                            |                   | +        |               |          |            |         |
| Creditor Name #1301                                               | Address on File                            | +                 | +        | +             | <u> </u> | +          |         |
| Creditor Name #2020                                               | Address on File                            | 1                 | 1        | 1             |          | 1          |         |
| Creditor Name #2013                                               | Address on File                            | 1                 |          | 1             |          |            |         |
| Creditor Name #741                                                | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #1303                                               | Address on File                            |                   |          |               | 1        |            |         |
| Creditor Name #2028                                               | Address on File                            |                   | <u> </u> |               | <u> </u> |            |         |
| Potter Anderson & Corroon LLP                                     | 1313 North Market Street                   | P.O. Box 951      |          | Wilmington    | DE       | 19899      |         |
| Potter Anderson & Corroon LLP                                     | 1313 North Market Street                   |                   | +        | Wilmington    | DE       | 19899      |         |
| Creditor Name #2014 Creditor Name #2026                           | Address on File Address on File            |                   | +        | +             | <u> </u> | +          |         |
| Precise Computer Solutions, LLC                                   | 15935 Gresham St                           | +                 | +        | North Hills   | CA       | 91343      |         |
| Creditor Name #2032                                               | Address on File                            |                   | +        |               | 0.1      | 0.040      |         |
| Creditor Name #742                                                | Address on File                            | 1                 | 1        | 1             |          | 1          |         |
| Creditor Name #2015                                               | Address on File                            | 1                 | 1        | 1             |          | 1          |         |
| Providence Partners LLC                                           | 520 Zang St #222                           |                   |          | Broomfield    | CO       | 80021      |         |
| Providence Partners LLC                                           | 2618 San Miguel Dr #265                    |                   |          | Newport Beach | CA       | 92660      |         |
| Creditor Name #1422                                               | Address on File                            |                   |          |               |          |            |         |
| Creditor Name #1581                                               | Address on File                            |                   | <u> </u> | <u> </u>      | <u> </u> |            |         |
| Creditor Name #1776                                               | Address on File                            |                   |          |               | <u> </u> |            |         |
| Creditor Name #1778 Creditor Name #58                             | Address on File                            |                   | +        |               | <u> </u> |            |         |
|                                                                   |                                            |                   |          |               |          |            |         |
| PUSHPA THAPA                                                      | Address on File<br>10954 ASPEN RIDGE LN NW |                   | +        | CONCORD       | NC       | 28027-2962 |         |

# Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 25 of 33

| CreditorName                                  | CreditorNoticeName                                        | Address                                          | Address 2                 | Address 2 | City                            | State | Zie            | Country |
|-----------------------------------------------|-----------------------------------------------------------|--------------------------------------------------|---------------------------|-----------|---------------------------------|-------|----------------|---------|
| CreditorName                                  | CreditorNoticeName<br>c/o Graham Street Realty Attn David | Address1                                         | Address2                  | Address3  | City                            | State | Zip            | Country |
| Pyramid Pointe Asset Management, LLC          | Messing                                                   | 37 Graham Street Realty                          | #200                      |           | San Francisco                   | СА    | 94129          |         |
| r yranno r onne Asser Management, ELO         | c/o Paramount Property Company Attn                       | S7 Granam Greet Realty                           | #200                      |           | Gan Tancisco                    |       | 34123          |         |
| Pyramid Pointe Asset Management, LLC          | Controller                                                | 3478 Buskirk Ave                                 | Suite 250                 |           | Pleasant Hill                   | CA    | 94523          |         |
| QLESS AM LLC                                  |                                                           | 15,40 Vardanants street                          |                           |           | Yerevan                         |       |                | Armenia |
| Creditor Name #1007                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1304                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #832                            |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #833                            |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #743                            |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Qtech Acquisition LLC                         | c/o Bergen Cove Realty                                    | 641 Lexington Ave 20th Floor                     |                           |           | New York                        | NY    | 10022          |         |
| Creditor Name #1453                           |                                                           | Address on File                                  |                           |           | Manuatain Minu                  | ~     | 04040          |         |
| Quickbooks<br>Rancho Murieta Consulting Group |                                                           | 2700 Coast Avenue<br>7338 Bella Union Court      |                           |           | Mountain View<br>Rancho Murieta | CA    | 94043<br>95683 |         |
| Creditor Name #1723                           |                                                           | Address on File                                  |                           |           | Rancho Muneta                   | CA    | 90000          |         |
| Creditor Name #2021                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #985                            |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Ray Hanes                                     |                                                           | 10751 Sumter Ave N                               |                           |           | Minneapolis                     | MN    | 55440          |         |
| ray nanoo                                     |                                                           |                                                  |                           |           | in in out of one                |       | 00110          |         |
| Creditor Name #1599                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1804                           |                                                           | Address on File                                  |                           |           |                                 | 1     |                |         |
| Creditor Name #1687                           |                                                           | Address on File                                  |                           |           |                                 | 1     |                | İ       |
| Creditor Name #1682                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1561                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1305                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #2022                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1759                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1757                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1758                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1756                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1766                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1760                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1761                           |                                                           | Address on File<br>Address on File               |                           |           |                                 |       |                |         |
| Creditor Name #1762<br>Creditor Name #1763    |                                                           |                                                  |                           |           |                                 |       |                |         |
| Creditor Name #1763<br>Creditor Name #1764    |                                                           | Address on File Address on File                  |                           |           |                                 |       |                |         |
| Creditor Name #1765                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #2271                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #2025                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
|                                               |                                                           |                                                  |                           |           |                                 |       |                |         |
|                                               |                                                           |                                                  |                           |           |                                 |       |                |         |
| Creditor Name #139                            |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1306                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Rimon P.C.                                    |                                                           | 420 W. Main Street, Suite 101B                   |                           |           | Boise                           | ID    | 83702          |         |
| Creditor Name #1307                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #695                            |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1308                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1309                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1511                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1310                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #1499                           |                                                           | Address on File                                  |                           |           |                                 | l     |                |         |
| Creditor Name #1706                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Craditar Nama #906                            |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #896                            |                                                           | Address on File                                  |                           |           | Taranta                         |       | M5V 2L1        | Canada  |
| Roadmunk Inc.<br>Creditor Name #649           |                                                           | 119 Spadina Avenue, Suite 202<br>Address on File |                           |           | Toronto                         | ON    | IVIOV ZL'I     | Canada  |
|                                               |                                                           |                                                  |                           |           |                                 |       |                |         |
| Robert Myers                                  |                                                           | Robert Myers Realty                              | Inc. 2623 Dove Creek Ln A |           | Pasadena                        | СА    | 91107          |         |
| Creditor Name #2029                           |                                                           | Address on File                                  | INO. 2020 DOVE OLECK LILA |           |                                 |       | 51107          |         |
| Creditor Name #1503                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #2044                           |                                                           | Address on File                                  |                           |           |                                 | 1     |                |         |
| Creditor Name #744                            |                                                           | Address on File                                  |                           |           |                                 | 1     |                |         |
| Ronald Baecker                                |                                                           | 701-401 QUEENS QUAY W                            |                           |           | TORONTO                         | ON    | M5V 2Y2        | CANADA  |
| Creditor Name #1474                           |                                                           | Address on File                                  |                           |           | -                               | 1     |                |         |
| Creditor Name #1560                           |                                                           | Address on File                                  |                           |           |                                 | 1     |                | İ       |
| Creditor Name #1311                           |                                                           | Address on File                                  |                           |           |                                 | 1     |                | İ       |
| Creditor Name #1151                           |                                                           | Address on File                                  |                           |           |                                 | 1     |                |         |
| Creditor Name #1312                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| Creditor Name #39                             |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
| SAID MALIKOV                                  |                                                           | 20705 CLARENDON ST                               |                           |           | WOODLAND HILLS                  | CA    | 91367-6817     |         |
| Creditor Name #2041                           |                                                           | Address on File                                  |                           |           |                                 |       |                |         |
|                                               |                                                           |                                                  |                           |           |                                 |       |                |         |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 26 of 33

| CreditorName                                           | CreditorNoticeName                   | Address1                                       | Address2 Address3        | 0:4            | State      | 7:         | Q - un trai |
|--------------------------------------------------------|--------------------------------------|------------------------------------------------|--------------------------|----------------|------------|------------|-------------|
| CreditorName<br>Creditor Name #2203                    | CreditorNoticeName                   | Address on File                                | Address2 Address3        | City           | State      | Zip        | Country     |
| Creditor Name #1435                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1732                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1313                                    |                                      | Address on File                                |                          |                |            |            |             |
| Salesforce                                             |                                      | 415 Mission Street, 3rd Floor                  |                          | San Francisco  | CA         | 94105      |             |
| Salesforce, Inc.                                       |                                      | PO Box 203141                                  |                          | Dallas         | TX         | 75320-3141 |             |
| Salesloft.com                                          |                                      | 1180 WEST PEACHTREE STREET NW                  | SUITE 600                | Atlanta        | GA         | 30309      |             |
| Creditor Name #1509                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1314                                    |                                      | Address on File                                |                          |                |            |            |             |
| SAM Venture Partners                                   |                                      | 15260 Ventura Boulevard                        | 20th Floor               | Sherman Oaks   | CA         | 91403      |             |
| Creditor Name #32                                      |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #54                                      |                                      | Address on File                                |                          |                | ~~~        | 00000 4474 |             |
| SAMUEL SHAPIRO                                         |                                      | 355 N LOGAN ST UNIT 702                        |                          | DENVER         | CO         | 80203-4474 |             |
| Creditor Name #1525                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1325                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #2046                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #2040                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #2062                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1600                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1464                                    |                                      | Address on File                                |                          |                |            | 1          |             |
| Creditor Name #2047                                    |                                      | Address on File                                |                          |                |            | 1          |             |
| San Francisco Tax Collector                            |                                      | PO BOX 7425                                    |                          | San Francisco  | CA         | 94120-7425 |             |
| Creditor Name #1607                                    |                                      | Address on File                                |                          |                | 1          | -          |             |
| Creditor Name #1667                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #2049                                    |                                      | Address on File                                |                          |                |            | 1          |             |
| Creditor Name #2054                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #2246                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #807                                     |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1571                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1315                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #2234                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #2050                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1484                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #936                                     |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1446                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1445                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1447                                    |                                      | Address on File                                |                          | 0.5            | <b>0</b> 1 | 04405      |             |
| Saucelabs                                              |                                      | 116 New Montgomery St, 3rd Floor               |                          | San Francisco  | CA         | 94105      |             |
| Saul Ewing LLP<br>Creditor Name #2051                  |                                      | 1500 Market St FI 38                           |                          | Philadelphia   | PA         | 19102      |             |
| Creditor Name #1316                                    |                                      | Address on File<br>Address on File             |                          |                |            |            |             |
| Creditor Name #1516                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #694                                     |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1432                                    |                                      | Address on File                                |                          |                |            |            |             |
| Scherzer International                                 |                                      | 21650 Oxnard Street, Suite 300                 |                          | Woodland Hills | CA         | 91367      |             |
| Creditor Name #2216                                    |                                      | Address on File                                |                          | Troodiana Timo | 0,1        | 0.001      |             |
| ScienceSoft USA Corporation                            |                                      | 5900 S. Lake Forest Drive, Suite 300           |                          | McKinney       | тх         | 75070      |             |
| Creditor Name #2196                                    |                                      | Address on File                                |                          | ,              | 1          |            |             |
| Creditor Name #693                                     |                                      | Address on File                                |                          |                | 1          | 1          |             |
| Creditor Name #1317                                    |                                      | Address on File                                |                          |                |            | 1          |             |
| Seamless                                               |                                      | 7652 Sawmill Road Suite 341                    |                          | Dublin         | OH         | 43016      |             |
| Seamless.ai                                            |                                      | 7652 Sawmill Road, Suite 341                   |                          | Dublin,        | OH         | 43016      |             |
| Creditor Name #46                                      |                                      | Address on File                                |                          |                |            |            |             |
| Securities & Exchange Commission - NY Office           | Attn Antonia Apps, Regional Director | 100 Pearl St.                                  | Suite 20-100             | New York       | NY         | 10004-2616 |             |
| Securities & Exchange Commission - Philadelphia Office | Attn Bankruptcy Department           | One Penn Center                                | 1617 JFK Blvd, Suite 520 | Philadelphia   | PA         | 19103      |             |
| Creditor Name #2287                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1501                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1479                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #937                                     |                                      | Address on File                                |                          |                | L          |            |             |
| Creditor Name #938                                     |                                      | Address on File                                |                          |                | L          |            |             |
| Creditor Name #939                                     |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #940                                     |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1318                                    |                                      | Address on File                                |                          |                |            | 04405      |             |
| Sentry                                                 |                                      | 45 Fremont St                                  |                          | San Francisco  | CA         | 94105      |             |
| Creditor Name #745                                     |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #1614                                    |                                      | Address on File                                |                          |                |            |            |             |
| Creditor Name #986                                     |                                      | Address on File                                |                          | Charlette      | NC         | 20211 2024 |             |
| SFF Investment Holdings LLC<br>Creditor Name #1510     |                                      | 2823 Providence Rd Unit 323<br>Address on File |                          | Charlotte      | NC         | 28211-2284 |             |
|                                                        |                                      |                                                |                          |                |            |            |             |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 27 of 33

|                                            |                      |                                 |          | 01                                    |          |            | <b>A</b> ( |
|--------------------------------------------|----------------------|---------------------------------|----------|---------------------------------------|----------|------------|------------|
| CreditorName                               | CreditorNoticeName   | Address1 Address2               | Address3 | City                                  | State    | Zip        | Country    |
| Creditor Name #2056                        |                      | Address on File                 |          |                                       | ~        | 00115      |            |
| SHANNON FINOT                              |                      | 4132 LOMA ALTA DR               |          | SAN DIEGO                             | CA       | 92115      |            |
| Creditor Name #20                          |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1805                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2249                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1460                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2053                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2057                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2058                        |                      | Address on File                 |          |                                       |          |            |            |
| Sherwood Consulting LLC                    |                      | 3945 Freedom Circle Ste 560     |          | Santa Clara                           |          | 95054      |            |
| Sherwood Partners, Inc.                    | Michael A. Maidy     | 3945 Freedom Circle Suite 560   |          | Santa Clara                           | CA       | 95054      |            |
| Creditor Name #2069                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1597                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1659                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1673                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2070                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1528                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2071                        |                      | Address on File                 |          |                                       |          |            |            |
|                                            |                      |                                 |          |                                       |          |            |            |
| Creditor Name #2195                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2195<br>Creditor Name #2278 |                      | Address on File                 |          |                                       |          |            |            |
|                                            |                      |                                 |          |                                       | L        |            |            |
|                                            |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2074                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2075                        |                      | Address on File                 |          |                                       | L        |            |            |
|                                            |                      |                                 |          |                                       |          |            |            |
| Creditor Name #2079                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2068                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2275                        |                      | Address on File                 |          |                                       |          |            |            |
|                                            |                      |                                 |          |                                       |          |            |            |
| Creditor Name #2063                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2076                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2077                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2105                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1554                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1034<br>Creditor Name #2078 |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1440                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1440                        |                      | Address on File                 |          |                                       |          |            |            |
|                                            |                      |                                 |          |                                       |          |            |            |
| Creditor Name #1441                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1319                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #835                         |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1320                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1321                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1322                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2274                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1323                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1755                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #692                         |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #746                         |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #30                          |                      | Address on File                 |          |                                       | 1        |            |            |
| Slack                                      |                      | 415 Mission Street              |          | San Francisco                         | CA       | 94105      |            |
| SLACK                                      |                      | 500 Howard Street               |          | San Francisco                         |          | 94105      |            |
|                                            |                      |                                 |          |                                       | UA .     | 34103      |            |
| Creditor Name #691                         |                      | Address on File                 |          | Deerfield Deeri                       | -        | 22440      |            |
| SmartProcure, Inc. dba GovSpend            |                      | P.O. BOX 4968                   |          | Deerfield Beach                       | FL       | 33442      |            |
| Creditor Name #1433                        |                      | Address on File                 |          | -                                     |          |            |            |
| Sol Maria Delgado                          |                      | Av. Cabildo 1547 floor 3rd flat |          | Buenos Aires                          |          |            | Argentina  |
| Creditor Name #61                          |                      | Address on File                 |          |                                       | L        |            |            |
| Creditor Name #1324                        |                      | Address on File                 |          | · · · · · · · · · · · · · · · · · · · |          |            |            |
| South Carolina Dept of Revenue             | Corporate Tax        | PO Box 125                      |          | Columbia                              | SC<br>SC | 29214-0400 |            |
| South Carolina Dept of Revenue             |                      | 300A Outlet Pointe Blvd         |          | Columbia                              | SC       | 29210      |            |
| Creditor Name #1325                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #760                         |                      | Address on File                 | İ        |                                       |          | İ          |            |
| South Dakota Dept of Revenue               | Attn Bankruptcy Dept | 445 E Capitol Ave               |          | Pierre                                | SD       | 57501-3185 |            |
| Creditor Name #2096                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #2080                        |                      | Address on File                 |          |                                       | 1        |            |            |
| Creditor Name #1519                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1519<br>Creditor Name #1562 |                      |                                 |          |                                       |          |            |            |
|                                            |                      | Address on File                 |          |                                       | L        |            |            |
| Creditor Name #1540                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #1326                        |                      | Address on File                 |          |                                       | L        |            |            |
| Creditor Name #2083                        |                      | Address on File                 |          |                                       |          |            |            |
| Creditor Name #771                         |                      | Address on File                 |          |                                       | L        |            |            |
| Creditor Name #1327                        |                      | Address on File                 |          |                                       |          |            |            |
|                                            |                      |                                 |          |                                       |          |            |            |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 28 of 33

| Grante NeedImage of FileImage of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            | 011                                                                                                                           | 01.1                                                     |                                                                                                       | <b>^</b> · · |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------|
| SubitSubitNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotesNotes <th< td=""><td>CreditorName</td><td>CreditorNoticeName</td><td>Address1</td><td>Address2</td><td>Address3</td><td>City</td><td>State</td><td>Zip</td><td>Country</td></th<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CreditorName                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CreditorNoticeName             | Address1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address2         | Address3   | City                                                                                                                          | State                                                    | Zip                                                                                                   | Country      |
| Salar San San San San San San San San San San                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Satic same 328Method 18Method 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Gold Name 2009Material of Part of Appendix and Appendix and Appendix and Appendix and Appendix Appendix and Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appendix Appe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Golds Num 1973Image: Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Genetic metrip<br>Genetic metrip<br>ControlAddees or PicInc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Galation Mark 1930Mark of Picture A<br>And Mark 1960Mark A<br>And Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960Mark 1960                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Gebin Part 322<br>ControlMode on FigNormal SectorNormal Sector <td>Creditor Name #1330</td> <td></td> <td>Address on File</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Creditor Name #1330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Soluty may 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 353Image 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Creditor Name #1331                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| StangedStange of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Creditor Name #1332                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| StangedStange of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Creditor Name #1333                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Gebit Num K201Image of HaImage o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            | Columbia                                                                                                                      | MD                                                       | 21046                                                                                                 |              |
| Gald Mar 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277Image 277 <thimage 277<="" th="">Image 277Image 277<!--</td--><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></thimage>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            | -                                                                                                                             |                                                          |                                                                                                       |              |
| Genetic Network 172<br>Control Network 173Addition of PinAddition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Cardor Num 9734Image of PinImage of P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image: Selio Num 787Image:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Selies Nume 2733         Image: selection of Fig.         Image: selectio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Solid Num 477Image: Addition of PioImage: Addition of Pio<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Order<br>Order<br>Decision<br>Address on ThisAddress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Oxadio Numa 776IndexAddress on FileIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndex </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Gender Nume #1075Index and set on FigureIndex and set on Fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Gendle Nume #150Index on Fig.Index                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               | 1                                                        |                                                                                                       |              |
| Section Numer HB2Address on FileInc.Inc.Inc.Inc.Inc.Inc.Concion Numer 2005Inc.Address on FileInc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc.Inc. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Ordeits Nume #1083         Address or Fis         Image: Section 1000 (Section 10000 (Section 1000 (S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Gorder Nume 2033         Address on Pile         Image: Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid Solid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Gradie Mane 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Inco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Gradie Mane 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Income 2026Inco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Creditor Name #2093                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Godies Name #167Address on FileIncome #167Address on FileIncome #167Income #167<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Cadie Name #677Addees on FileIncAddees on FileIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncIncInc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               | 1                                                        |                                                                                                       |              |
| Cardiot Name 2034Address on FileIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncomeIncome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Candian Manage S2         Candian Manage S1         Address on File         Candian Manage S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         Constrained S1         <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| STACE MULLINK         CASTLE PINES         CASTLE PINES         CO         8008-8211           Credits Name 253         Address on File         File         State of Could Address on File         File         State of Could Address on File         File         Address on File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File         File <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Checklow Name 2111         Checklow Name 2120         Call Control         Call Contro         Call Contro         Cal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            | CASTLE PINES                                                                                                                  | <u> </u>                                                 | 80108-8211                                                                                            |              |
| Credit Name #35         Cancel Name #250         Cancel Name #200         Cancel Name #200 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>CASTLE FINES</td> <td>00</td> <td>00100-0211</td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            | CASTLE FINES                                                                                                                  | 00                                                       | 00100-0211                                                                                            |              |
| Condity Name #1250         Income         Address on File         Income         Income <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Condition Name #2207         memory Department         And Paraway Department         And Paraway Department         PO BOX 6668         Condition Name #1627         Sacarment Canal         Canal Name #1627           STATE OF FLORINA - DEPARTMENT OF REVENUE         General Counsel, Mark Hamilton         PO BOX 6668         Image and the state of counsel         A         Rest         <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Sinte of california Attorney GeneralPD. Box 942650PD. Box 942650PD. Box 942650PCValue 424-250PCSinte of LousianaGeneral Coursel, Mark HamiltonPO. Box 6668PCPCBaton RogePL3214 4668Sinte of LousianaAddress on FilePCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPCPC <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| STATE OF LORIDA - DEPARTMENT OF REVENUE         General Counsel, Mark Hamition         PO DX 6685         Image: Constraint of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin of the Transmin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            | -                                                                                                                             |                                                          |                                                                                                       |              |
| State of Lookiana<br>Ceditor Name Fié27Enton Modes on FiéEnton Modes<br>Address on FiéEnton Mode<br>Address on FiéEnton Mode<br>Address<br>TentonN.196289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962896289628962                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| Creditor Name #1627IncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncreditIncredit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | General Counsel, Mark Hamilton |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| State of New JerseyDepartment of the TreasuryP.O. Box 02networkTentonN.J0862-0302State of New JerseyDivision of TaxationBankruptey Unit3.John Fitch WayPO Box 752TentonN.U0869-035State of New Mexico Taxation & Revenue Department10000 Copeney NE Suite CNo87123No87123State of New Mexico Taxation & Revenue DepartmentPO Box 752167Charlotte NoNo8725-2167State of New Mexico Taxation & Revenue DepartmentPO Box 7478Charlotte NoOpynpiaNO89544State filt StancePO Box 7478Charlotte NoPO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 74778PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478PO Box 7478 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>Baton Rouge</td> <td>LA</td> <td>70802</td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            | Baton Rouge                                                                                                                   | LA                                                       | 70802                                                                                                 |              |
| State of New JerseyDivision of TaxationBarkup Unit.3 John Fitch WayPD Box 245TentonNJ08095-024State of New Moresup DepartmettH0500 Copper Aven USuite CPD Box 7477Aldress on FileAldress on FileCharlotteNK87123State of Naming Fife9Image State GPD Box 7477Image State GCharlotteNK87253State of Naming Fife9Image State GAddress on FileImage State GCharlotteNK89504State Area Naming State Area Naming State Area Naming State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Creditor Name #1627                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| State of New JerseyDivision of TaxationBarkup Unit.3 John Fitch WayPD Box 245TentonNJ08095-024State of New Moresup DepartmettH0500 Copper Aven USuite CPD Box 7477Aldress on FileAldress on FileCharlotteNK87123State of Naming Fife9Image State GPD Box 7477Image State GCharlotteNK87253State of Naming Fife9Image State GAddress on FileImage State GCharlotteNK89504State Area Naming State Area Naming State Area Naming State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            |                                                                                                                               |                                                          |                                                                                                       |              |
| State of New Mexico Taxation & Revenue Department1000 Copper Aven Suite CIndexAlbuquerqueNM87123State of Nork Concina - EprocCharlottoNC2872-5167CharlottoNC2872-5167State of WashingtonPO Box 752167IndexOlympiaNC98504IndexStein R 1689Address on FileIndex Norus, Suite S000IndexIndexNC98101Stein R 308 and Linda SoldaiTO Wagon WheelIndexIndexNC98014Creditor Name #135Address on FileIndexIndexNC91013Creditor Name #135Address on FileIndexIndexIndexIndexIndexCreditor Name #136Address on FileIndexIndexIndexIndexIndexIndexCreditor Name #137Address on FileIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndex </td <td></td> <td>Department of the Treasury</td> <td></td> <td></td> <td></td> <td>Trenton</td> <td>NJ</td> <td>08625-0002</td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Department of the Treasury     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |            | Trenton                                                                                                                       | NJ                                                       | 08625-0002                                                                                            |              |
| Shate of North Carolina - Eproc         Charlotte         NC         28275-2187           Shate of Washington         PD BX 7478         Olympia         Olympia         NC         28275-2187           Creditor Name #1689         Addresson File         PA         PA         PA         PA           Site of Washington         TW Magon Wheel         PA         Ibo 1         PA         1901           Site of Washington         Address on File         PA         1901         PA         1901           Creditor Name #1335         Address on File         PA         1901         PA         1901           Creditor Name #1335         Address on File         PA         1901         PA         1901           Creditor Name #1335         Address on File         PA         1901         PA         1901           Creditor Name #1337         Address on File         PA         1901         PA         1901           Creditor Name #1335         Address on File         PA         1901         PA         1901           Creditor Name #1343         Address on File         PA         1901         PA         1901           Creditor Name #1351         Address on File         PA         1901         PA         1901 </td <td>State of New Jersey</td> <td></td> <td>P.O. Box 002</td> <td>3 John Fitch Way</td> <td>PO Box 245</td> <td></td> <td></td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State of New Jersey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | P.O. Box 002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3 John Fitch Way | PO Box 245 |                                                                                                                               |                                                          |                                                                                                       |              |
| State of WashingtonPC 000000000000000000000000000000000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State of New Jersey<br>State of New Jersey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | P.O. Box 002<br>Bankruptcy Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3 John Fitch Way | PO Box 245 | Trenton                                                                                                                       | NJ                                                       | 08695-0245                                                                                            |              |
| Chediton Name #1689IndexAddress on FileIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndex<IndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIndexIn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State of New Jersey<br>State of New Jersey<br>State of New Mexico Taxation & Revenue Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | P.O. Box 002<br>Bankruptcy Unit<br>10500 Copper Ave NE Suite C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3 John Fitch Way | PO Box 245 | Trenton<br>Albuquerque                                                                                                        | NJ<br>NM                                                 | 08695-0245<br>87123                                                                                   |              |
| Shein R BrunoIndex Avenue, Suite 800Index Avenue, Suite 800PasadenaCA9101Creditor Name #1335Index Avenue, Suite 800Index Suite 800Index Suite 800Index Suite 800Creditor Name #1356Index Avenue, Suite 800Index Suite 800Index Suite 800Index Suite 800Creditor Name #1356Index Suite 800Address on FileIndex Suite 800Index Suite 800STUBBS ALDERTON & MARKILES, LLPIndex Suite 800Address on FileIndex Suite 800Index Suite 800Creditor Name #137Index Suite 800Address on FileIndex Suite 800Index Suite 800Creditor Name #138Index Suite 800Address on FileIndex Suite 800Index Suite 800Creditor Name #138Index Suite 800Address on FileIndex Suite 800Index Suite 800Creditor Name #138Index Suite 800Address on FileIndex Suite 800Index Suite 800Creditor Name #138Index Suite 800Address on FileIndex Suite 800Index Suite 800Creditor Name #138Index Suite 800Address on FileIndex Suite 800Index Suite 800Creditor Name #218Index Suite 800Index Suite 800Index Suite 800Index Suite 800Creditor Name #138Index Suite 800Index Suite 800Index Suite 800Index Suite 800Creditor Name #218Index Suite 800Index Suite 800Index Suite 800Index Suite 800Creditor Name #138Index Suite 800Index Suite 800Index Suite 800Index Suite 800Creditor Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State of New Jersey<br>State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | P.O. Box 002<br>Bankruptcy Unit<br>10500 Copper Ave NE Suite C<br>PO Box 752167                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3 John Fitch Way | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte                                                                                           | NJ<br>NM<br>NC                                           | 08695-0245<br>87123<br>28275-2167                                                                     |              |
| Steven Pauloski and Linda Soldati         Ln Doylestown         PA         18901           Cerditor Name #1335         Address on File         Image: Cerditor Name #1335         Image: Cerditor Name #1337         Image: Cerditor Name #2112         Image: Cerditor Name #2112         Image: Cerditor Name #2113         Image: Cerditor Name #1335         Image: Cerditor Name #1336         Image: Cerditor Name #2113         Image: Cerditor Name #2114         Image: Cerditor Name #2114         Image: Cerditor Name #2114         Image: Cerditor Name #2114         Image: Cerditor Name #2145         Image: Cerditor Name #2145         Image: Cerditor Name #2145         Image: Cerditor Name #2145         Image: Cerditor Name #1475         Image: Cerditor Name #1475         Image: Cerditor Name #1475         Image                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | State of New Jersey<br>State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | P.O. Box 002           Bankruptcy Unit           10500 Copper Ave NE Suite C           PO Box 752167           PO BOX 47478                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3 John Fitch Way | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte                                                                                           | NJ<br>NM<br>NC                                           | 08695-0245<br>87123<br>28275-2167                                                                     |              |
| Creditor Name #1336Image: Mode with the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State of New Jersey<br>State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | P.O. Box 002<br>Bankruptcy Unit<br>10500 Copper Ave NE Suite C<br>PO Box 752167<br>PO BOX 47478<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 John Fitch Way | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia                                                                                | NJ<br>NM<br>NC<br>WA                                     | 08695-0245<br>87123<br>28275-2167<br>98504                                                            |              |
| Creditor Name #1336Indexes on FileIndexes on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State of New Jersey<br>State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | P.O. Box 002<br>Bankruptcy Unit<br>10500 Copper Ave NE Suite C<br>PO Box 752167<br>PO BOX 47478<br>Address on File<br>155 N Lake Avenue, Suite 800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 John Fitch Way | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena                                                                    | NJ<br>NM<br>NC<br>WA<br>CA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101                                                   |              |
| STUBBS ALDERTON & MARKILES, LLP15260 Ventura Bivd20th FISherman OaksCA91403Creditor Name #1337Address on FileIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State of New Jersey<br>State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | P.O. Box 002<br>Bankruptcy Unit<br>10500 Copper Ave NE Suite C<br>PO Box 752167<br>PO BOX 47478<br>Address on File<br>155 N Lake Avenue, Suite 800<br>70 Wagon Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3 John Fitch Way | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena                                                                    | NJ<br>NM<br>NC<br>WA<br>CA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101                                                   |              |
| Creditor Name #1337Address on FileIncome #1337Income #1337Income #1337Income #1347Income #1348Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State of New Jersey<br>State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1335                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | P.O. Box 002<br>Bankruptcy Unit<br>10500 Copper Ave NE Suite C<br>PO Box 752167<br>PO BOX 47478<br>Address on File<br>155 N Lake Avenue, Suite 800<br>70 Wagon Wheel<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3 John Fitch Way | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena                                                                    | NJ<br>NM<br>NC<br>WA<br>CA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101                                                   |              |
| Creditor Name #2112Image: mode of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of the method of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1336<br>Creditor Name #1336                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                | P.O. Box 002<br>Bankruptcy Unit<br>10500 Copper Ave NE Suite C<br>PO BOX 752167<br>PO BOX 47478<br>Address on File<br>155 N Lake Avenue, Suite 800<br>70 Wagon Wheel<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown                                                   | NJ<br>NM<br>WA<br>CA<br>PA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901                                          |              |
| Creditor Name #213Inderess on FileInderess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State of New Jersey<br>State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1336<br>STUBBS ALDERTON & MARKILES, LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                | P.O. Box 002<br>Bankruptcy Unit<br>10500 Copper Ave NE Suite C<br>PO Box 752167<br>PO BOX 47478<br>Address on File<br>155 N Lake Avenue, Suite 800<br>70 Wagon Wheel<br>Address on File<br>15260 Ventura Blvd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown                                                   | NJ<br>NM<br>WA<br>CA<br>PA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901                                          |              |
| Creditor Name #1514Image: Som FileImage: Som                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State of New Jersey<br>State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1336<br>Creditor Name #1336<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #1337                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | P.O. Box 002<br>Bankruptcy Unit<br>10500 Copper Ave NE Suite C<br>PO Box 752167<br>PO BOX 47478<br>Address on File<br>155 N Lake Avenue, Suite 800<br>70 Wagon Wheel<br>Address on File<br>15260 Ventura Blvd<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown                                                   | NJ<br>NM<br>WA<br>CA<br>PA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901                                          |              |
| Creditor Name #1338Address on FileImage: Creditor Name #218Image: Creditor Name #218Address on FileImage: Creditor Name #228Creditor Name #2288Address on FileImage: Creditor Name #1339Address on FileImage: Creditor Name #1339Image: Creditor Name #1347Image: Creditor Name #1342Image: Creditor N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1336<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #1337<br>Creditor Name #2112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | P.O. Box 002<br>Bankruptcy Unit<br>10500 Copper Ave NE Suite C<br>PO Box 752167<br>PO BOX 47478<br>Address on File<br>155 N Lake Avenue, Suite 800<br>70 Wagon Wheel<br>Address on File<br>Address on File<br>15260 Ventura Blvd<br>Address on File<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown                                                   | NJ<br>NM<br>WA<br>CA<br>PA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901                                          |              |
| Creditor Name #2117Image: Creditor Name #2188Address on FileImage: Creditor Name #288Image: Creditor Name #288Image: Creditor Name #2388Image: Creditor Name #2488Image: Creditor Name #24888Image: Creditor Name #24888Image: Creditor Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State of New Jersey<br>State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1336<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #1337<br>Creditor Name #1212<br>Creditor Name #2113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                | P.O. Box 002<br>Bankruptcy Unit<br>10500 Copper Ave NE Suite C<br>PO Box 752167<br>PO BOX 47478<br>Address on File<br>155 N Lake Avenue, Suite 800<br>70 Wagon Wheel<br>Address on File<br>15260 Ventura Blvd<br>Address on File<br>Address on File<br>Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown                                                   | NJ<br>NM<br>WA<br>CA<br>PA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901                                          |              |
| Creditor Name #2117Image: Creditor Name #2188Address on FileImage: Creditor Name #288Image: Creditor Name #288Image: Creditor Name #2388Image: Creditor Name #2488Image: Creditor Name #24888Image: Creditor Name #24888Image: Creditor Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of New Mexico Taxation & Revenue Department<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1335<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #1337<br>Creditor Name #1337<br>Creditor Name #112<br>Creditor Name #2113<br>Creditor Name #1514                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | P.O. Box 002         Bankruptcy Unit         10500 Copper Ave NE Suite C         PO Box 752167         PO BOX 47478         Address on File         155 N Lake Avenue, Suite 800         70 Wagon Wheel         Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown                                                   | NJ<br>NM<br>WA<br>CA<br>PA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901                                          |              |
| Creditor Name #2288Image: Creditor Name #1339Address on FileImage: Creditor Name #1342Image: Creditor Name #1341Image: Creditor Name #1341Image: Creditor Name #1341Image: Creditor Name #1341Image: Creditor Name #1342Image: Creditor Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of New Mexico Taxation & Revenue Department<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1335<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #1337<br>Creditor Name #1337<br>Creditor Name #112<br>Creditor Name #2113<br>Creditor Name #1514                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | P.O. Box 002         Bankruptcy Unit         10500 Copper Ave NE Suite C         PO Box 752167         PO BOX 47478         Address on File         155 N Lake Avenue, Suite 800         70 Wagon Wheel         Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown                                                   | NJ<br>NM<br>WA<br>CA<br>PA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901                                          |              |
| Creditor Name #1339Indexted and address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address on FileIndexted address o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of New Mexico Taxation & Revenue Department<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1336<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #137<br>Creditor Name #2112<br>Creditor Name #2113<br>Creditor Name #1514<br>Creditor Name #1544                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | P.O. Box 002         Bankruptcy Unit         10500 Copper Ave NE Suite C         PO Box 752167         PO BOX 47478         Address on File         155 N Lake Avenue, Suite 800         70 Wagon Wheel         Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown                                                   | NJ<br>NM<br>WA<br>CA<br>PA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901                                          |              |
| Creditor Name #184Index on FileIndex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State of New Jersey<br>State of New Jersey<br>State of North Carolina - Eproc<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1335<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #2112<br>Creditor Name #2113<br>Creditor Name #2113<br>Creditor Name #1514<br>Creditor Name #1338<br>Creditor Name #2117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | P.O. Box 002         Bankruptcy Unit         10500 Copper Ave NE Suite C         PO Box 752167         PO BOX 47478         Address on File         155 N Lake Avenue, Suite 800         70 Wagon Wheel         Address on File         15260 Ventura Blvd         Address on File         15260 Ventura Blvd         Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown                                                   | NJ<br>NM<br>WA<br>CA<br>PA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901                                          |              |
| SYLVA PRICENORTH CHESTERFIELDVA2323-4021TABLE Holdings, L.P.New YorkNY1019Creditor Name #1475Address on FileNew YorkNY1019Creditor Name #52Address on FileNORTH ANDOVERMA01845-2691TARA RITZAddress on FileNORTH ANDOVERMA01845-2691Creditor Name #2114Address on FileNORTH ANDOVERMA01845-2691Creditor Name #1755Address on FileNORTH ANDOVERMA01845-2691Creditor Name #1340Address on FileImage: State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of New Mexico Taxation & Revenue Department<br>State of Nashington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1335<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #1337<br>Creditor Name #1337<br>Creditor Name #112<br>Creditor Name #113<br>Creditor Name #113<br>Creditor Name #113<br>Creditor Name #113<br>Creditor Name #113<br>Creditor Name #12117<br>Creditor Name #2117<br>Creditor Name #2117                                                                                                                                                                                                                                                                                                                                                                        |                                | P.O. Box 002           Bankruptcy Unit           10500 Copper Ave NE Suite C           PO Box 752167           PO BOX 7                                                                                                                                                                                                                                                                                                                                                                                                          |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown                                                   | NJ<br>NM<br>WA<br>CA<br>PA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901                                          |              |
| TABLE Holdings, L.P.New YorkNY10019Creditor Name #1475Address on FileImage: State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1336<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #2112<br>Creditor Name #2112<br>Creditor Name #1514<br>Creditor Name #1514<br>Creditor Name #1338<br>Creditor Name #2117<br>Creditor Name #2117<br>Creditor Name #2188<br>Creditor Name #2189<br>Creditor Name #2188<br>Creditor Name #2388                                                                                                                                                                                                                                                                                                                                |                                | P.O. Box 002         Bankruptcy Unit         10500 Copper Ave NE Suite C         PO Box 752167         PO BOX 47478         Address on File         155 N Lake Avenue, Suite 800         70 Wagon Wheel         Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown                                                   | NJ<br>NM<br>WA<br>CA<br>PA                               | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901                                          |              |
| Creditor Name #1475         Cenditor Name #12114         Cenditor Name #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State of New Jersey<br>State of New Jersey<br>State of North Carolina - Eproc<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1335<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #2112<br>Creditor Name #2113<br>Creditor Name #2113<br>Creditor Name #1514<br>Creditor Name #1338<br>Creditor Name #117<br>Creditor Name #2117<br>Creditor Name #2117<br>Creditor Name #213<br>Creditor Name #213<br>Creditor Name #138<br>Creditor Name #139<br>Creditor Name #139<br>Creditor Name #139                                                                                                                                                                                                                                                                                                                  |                                | P.O. Box 002         Bankruptcy Unit         10500 Copper Ave NE Suite C         PO Box 752167         PO BOX 47478         Address on File         155 N Lake Avenue, Suite 800         70 Wagon Wheel         Address on File         15260 Ventura Blvd         Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown<br>Sherman Oaks                                   | NJ<br>NM<br>NC<br>WA<br>CA<br>PA<br>CA<br>CA             | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901<br>91403                                 |              |
| Creditor Name #52         Address on File         NORTH ANDOVER         MA         01845-2691           TARA RITZ         Address on File         NORTH ANDOVER         MA         01845-2691           Creditor Name #1775         Address on File         Image: Creditor Name #1736         Image: Creditor Name #1340         Image: Creditor Name #1341         Image: Creditor Name #1341         Image: Creditor Name #164         Image: Creditor Name #175         Image: Creditor Name #175         Image: Creditor Name #1341         Image: Creditor Name #164         Image: Creditor Name #175         Image: Creditor Name #176         Image: Creditor Name #176         Image: Creditor Name #176         Image: Creditor Name #1341         Image: Creditor Name #176                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State of New Jersey         State of New Mexico Taxation & Revenue Department         State of New Mexico Taxation & Revenue Department         State of Name Mexico Taxation & Revenue Department         State of Name #1689         Steinfl & Bruno         Steven Pauloski and Linda Soldati         Creditor Name #1336         Creditor Name #1337         Creditor Name #1337         Creditor Name #2112         Creditor Name #1338         Creditor Name #1337         Creditor Name #1338         Creditor Name #1339         Creditor Name #1339         Creditor Name #134         Sterditor Name #134         Creditor Name #134         Creditor Name #134         Creditor Name #134         Creditor Name #148         SYLVIA PRICE |                                | P.O. Box 002           Bankruptcy Unit           10500 Copper Ave NE Suite C           PO Box 752167           Address on File                                                                                                                                                                                                                                                                                                                                                                                                 |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown<br>Sherman Oaks                                   | NJ<br>NM<br>NC<br>WA<br>CA<br>PA<br>CA<br>CA<br>CA       | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901<br>91403<br>91403<br>91403<br>23235-4021 |              |
| TARA RITZ         NORTH ANDOVER         MA         01845-2691           Creditor Name #2114         Address on File         Image: Creditor Name #175         Image: Creditor Name #174         Image: Creditor Name #174         Image: Creditor Name #1340         Image: Creditor Name #1341         Image: Creditor Name #1342         Image: Creditor Name #1342<                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1336<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #137<br>Creditor Name #2112<br>Creditor Name #2113<br>Creditor Name #138<br>Creditor Name #138<br>Creditor Name #138<br>Creditor Name #139<br>Creditor Name #148<br>SYLVIA PRICE<br>TABLE Holdings, L.P.                                                                                                                                                                                                                                        |                                | P.O. Box 002         Bankruptcy Unit         10500 Copper Ave NE Suite C         PO Box 752167         PO BOX 47478         Address on File         155 N Lake Avenue, Suite 800         70 Wagon Wheel         Address on File         Address on File <td< td=""><td></td><td>PO Box 245</td><td>Trenton<br/>Albuquerque<br/>Charlotte<br/>Olympia<br/>Pasadena<br/>Ln Doylestown<br/>Sherman Oaks</td><td>NJ<br/>NM<br/>NC<br/>WA<br/>CA<br/>PA<br/>CA<br/>CA<br/>CA</td><td>08695-0245<br/>87123<br/>28275-2167<br/>98504<br/>91101<br/>18901<br/>91403<br/>91403<br/>91403<br/>23235-4021</td><td></td></td<>                                                               |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown<br>Sherman Oaks                                   | NJ<br>NM<br>NC<br>WA<br>CA<br>PA<br>CA<br>CA<br>CA       | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901<br>91403<br>91403<br>91403<br>23235-4021 |              |
| Creditor Name #2114         Image: Market Son File         Image: Market Son File <td>State of New Jersey<br/>State of New Mexico Taxation &amp; Revenue Department<br/>State of New Mexico Taxation &amp; Revenue Department<br/>State of Washington<br/>Creditor Name #1689<br/>Steinfl &amp; Bruno<br/>Steven Pauloski and Linda Soldati<br/>Creditor Name #1335<br/>STUBBS ALDERTON &amp; MARKILES, LLP<br/>Creditor Name #1337<br/>Creditor Name #2112<br/>Creditor Name #2113<br/>Creditor Name #2113<br/>Creditor Name #2117<br/>Creditor Name #1348<br/>Creditor Name #2117<br/>Creditor Name #139<br/>Creditor Name #139<br/>Creditor Name #139<br/>Creditor Name #139<br/>Creditor Name #139<br/>Creditor Name #1475</td> <td></td> <td>P.O. Box 002           Bankruptcy Unit           10500 Copper Ave NE Suite C           PO Box 752167           PO BOX 47478           Address on File           155 N Lake Avenue, Suite 800           70 Wagon Wheel           Address on File           Address on File</td> <td></td> <td>PO Box 245</td> <td>Trenton<br/>Albuquerque<br/>Charlotte<br/>Olympia<br/>Pasadena<br/>Ln Doylestown<br/>Sherman Oaks</td> <td>NJ<br/>NM<br/>NC<br/>WA<br/>CA<br/>PA<br/>CA<br/>CA<br/>CA</td> <td>08695-0245<br/>87123<br/>28275-2167<br/>98504<br/>91101<br/>18901<br/>91403<br/>91403<br/>91403<br/>23235-4021</td> <td></td>                                                                                                                                                                                                                                                                      | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of New Mexico Taxation & Revenue Department<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1335<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #1337<br>Creditor Name #2112<br>Creditor Name #2113<br>Creditor Name #2113<br>Creditor Name #2117<br>Creditor Name #1348<br>Creditor Name #2117<br>Creditor Name #139<br>Creditor Name #139<br>Creditor Name #139<br>Creditor Name #139<br>Creditor Name #139<br>Creditor Name #1475                                                                                                                                                                                                                                                                                                                          |                                | P.O. Box 002           Bankruptcy Unit           10500 Copper Ave NE Suite C           PO Box 752167           PO BOX 47478           Address on File           155 N Lake Avenue, Suite 800           70 Wagon Wheel           Address on File                                                                                                                                                                                                                                                                                                                                                                      |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown<br>Sherman Oaks                                   | NJ<br>NM<br>NC<br>WA<br>CA<br>PA<br>CA<br>CA<br>CA       | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901<br>91403<br>91403<br>91403<br>23235-4021 |              |
| Creditor Name #1775         Address on File         Image: Creditor Name #1340         Address on File         Image: Creditor Name #1341         Image: Creditor Name #1341         Image: Creditor Name #1341         Address on File         Image: Creditor Name #1341         Image: Creditor Name #1341         Image: Creditor Name #1341         Image: Creditor Name #1341         Image: Creditor Name #1342         Address on File         Image: Creditor Name #1342         Image: Creditor Name #1342         Address on File         Image: Creditor Name #1342         Image: Creditor Name #1342         Image: Creditor Name #1342         Address on File         Image: Creditor Name #1342         Image: Creditor Name #1342 </td <td>State of New Jersey         State of New Mexico Taxation &amp; Revenue Department         State of North Carolina - Eproc         State of Name #t689         Steinfl &amp; Bruno         Steven Pauloski and Linda Soldati         Creditor Name #1336         Creditor Name #1336         STUBBS ALDERTON &amp; MARKILES, LLP         Creditor Name #1337         Creditor Name #2112         Creditor Name #1338         Creditor Name #1337         Creditor Name #2112         Creditor Name #1338         Creditor Name #1438         Creditor Name #1439         Creditor Name #1439         Creditor Name #148         SYLVIA PRICE         TABLE Holdings, L.P.         Creditor Name #1475         Creditor Name #1475</td> <td></td> <td>P.O. Box 002           Bankruptcy Unit           10500 Copper Ave NE Suite C           PO Box 752167           Address on File           td=""><td></td><td>PO Box 245</td><td>Trenton<br/>Albuquerque<br/>Charlotte<br/>Olympia<br/>Pasadena<br/>Ln Doylestown<br/>Sherman Oaks<br/>NoRTH CHESTERFIELD<br/>New York</td><td>NJ<br/>NM<br/>NC<br/>WA<br/>CA<br/>PA<br/>CA<br/>CA<br/>VA<br/>NY</td><td>08695-0245<br/>87123<br/>28275-2167<br/>98504<br/>91101<br/>18901<br/>91403<br/>91403<br/>23235-4021<br/>10019</td><td></td></tr<></td> | State of New Jersey         State of New Mexico Taxation & Revenue Department         State of North Carolina - Eproc         State of Name #t689         Steinfl & Bruno         Steven Pauloski and Linda Soldati         Creditor Name #1336         Creditor Name #1336         STUBBS ALDERTON & MARKILES, LLP         Creditor Name #1337         Creditor Name #2112         Creditor Name #1338         Creditor Name #1337         Creditor Name #2112         Creditor Name #1338         Creditor Name #1438         Creditor Name #1439         Creditor Name #1439         Creditor Name #148         SYLVIA PRICE         TABLE Holdings, L.P.         Creditor Name #1475         Creditor Name #1475                                                                                         |                                | P.O. Box 002           Bankruptcy Unit           10500 Copper Ave NE Suite C           PO Box 752167           Address on File           Address on File <tr< td=""><td></td><td>PO Box 245</td><td>Trenton<br/>Albuquerque<br/>Charlotte<br/>Olympia<br/>Pasadena<br/>Ln Doylestown<br/>Sherman Oaks<br/>NoRTH CHESTERFIELD<br/>New York</td><td>NJ<br/>NM<br/>NC<br/>WA<br/>CA<br/>PA<br/>CA<br/>CA<br/>VA<br/>NY</td><td>08695-0245<br/>87123<br/>28275-2167<br/>98504<br/>91101<br/>18901<br/>91403<br/>91403<br/>23235-4021<br/>10019</td><td></td></tr<> |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown<br>Sherman Oaks<br>NoRTH CHESTERFIELD<br>New York | NJ<br>NM<br>NC<br>WA<br>CA<br>PA<br>CA<br>CA<br>VA<br>NY | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901<br>91403<br>91403<br>23235-4021<br>10019 |              |
| Creditor Name #1340         Address on File         Image: Creditor Name #1341         Address on File         Image: Creditor Name #1341         Image: Creditor Name #1342         Image: Creditor Name #1342 </td <td>State of New Jersey<br/>State of New Mexico Taxation &amp; Revenue Department<br/>State of North Carolina - Eproc<br/>State of Washington<br/>Creditor Name #1689<br/>Steinfl &amp; Bruno<br/>Steven Pauloski and Linda Soldati<br/>Creditor Name #1335<br/>Creditor Name #1336<br/>STUBBS ALDERTON &amp; MARKILES, LLP<br/>Creditor Name #1317<br/>Creditor Name #2112<br/>Creditor Name #2113<br/>Creditor Name #1338<br/>Creditor Name #1338<br/>Creditor Name #1339<br/>Creditor Name #217<br/>Creditor Name #1339<br/>Creditor Name #1339<br/>Creditor Name #1339<br/>Creditor Name #148<br/>SYLVIA PRICE<br/>TABLE Holdings, L.P.<br/>Creditor Name #1475<br/>Creditor Name #1475</td> <td></td> <td>P.O. Box 002         Bankruptcy Unit         10500 Copper Ave NE Suite C         PO Box 752167         PO BOX 47478         Address on File         155 N Lake Avenue, Suite 800         70 Wagon Wheel         Address on File         <td< td=""><td></td><td>PO Box 245</td><td>Trenton<br/>Albuquerque<br/>Charlotte<br/>Olympia<br/>Pasadena<br/>Ln Doylestown<br/>Sherman Oaks<br/>NoRTH CHESTERFIELD<br/>New York</td><td>NJ<br/>NM<br/>NC<br/>WA<br/>CA<br/>PA<br/>CA<br/>CA<br/>VA<br/>NY</td><td>08695-0245<br/>87123<br/>28275-2167<br/>98504<br/>91101<br/>18901<br/>91403<br/>91403<br/>23235-4021<br/>10019</td><td></td></td<></td>                                                                                                                                                                 | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1335<br>Creditor Name #1336<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #1317<br>Creditor Name #2112<br>Creditor Name #2113<br>Creditor Name #1338<br>Creditor Name #1338<br>Creditor Name #1339<br>Creditor Name #217<br>Creditor Name #1339<br>Creditor Name #1339<br>Creditor Name #1339<br>Creditor Name #148<br>SYLVIA PRICE<br>TABLE Holdings, L.P.<br>Creditor Name #1475<br>Creditor Name #1475                                                                                                                                                                                                                                                                          |                                | P.O. Box 002         Bankruptcy Unit         10500 Copper Ave NE Suite C         PO Box 752167         PO BOX 47478         Address on File         155 N Lake Avenue, Suite 800         70 Wagon Wheel         Address on File         Address on File <td< td=""><td></td><td>PO Box 245</td><td>Trenton<br/>Albuquerque<br/>Charlotte<br/>Olympia<br/>Pasadena<br/>Ln Doylestown<br/>Sherman Oaks<br/>NoRTH CHESTERFIELD<br/>New York</td><td>NJ<br/>NM<br/>NC<br/>WA<br/>CA<br/>PA<br/>CA<br/>CA<br/>VA<br/>NY</td><td>08695-0245<br/>87123<br/>28275-2167<br/>98504<br/>91101<br/>18901<br/>91403<br/>91403<br/>23235-4021<br/>10019</td><td></td></td<>                    |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown<br>Sherman Oaks<br>NoRTH CHESTERFIELD<br>New York | NJ<br>NM<br>NC<br>WA<br>CA<br>PA<br>CA<br>CA<br>VA<br>NY | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901<br>91403<br>91403<br>23235-4021<br>10019 |              |
| Creditor Name #1341         Address on File         Image: Constraint of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1336<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #1337<br>Creditor Name #1337<br>Creditor Name #2112<br>Creditor Name #2113<br>Creditor Name #2113<br>Creditor Name #2117<br>Creditor Name #2117<br>Creditor Name #2117<br>Creditor Name #2188<br>Creditor Name #218<br>Creditor Name #218<br>Creditor Name #217<br>Creditor Name #1339<br>Creditor Name #1475<br>Creditor Name #42<br>SYLVIA PRICE<br>TABLE Holdings, L.P.<br>Creditor Name #42<br>TARA RITZ<br>Creditor Name #2114                                                                                                                                                                                             |                                | P.O. Box 002         Bankruptcy Unit         10500 Copper Ave NE Suite C         PO Box 752167         PO BOX 47478         Address on File         155 N Lake Avenue, Suite 800         70 Wagon Wheel         Address on File         Address on File <td< td=""><td></td><td>PO Box 245</td><td>Trenton<br/>Albuquerque<br/>Charlotte<br/>Olympia<br/>Pasadena<br/>Ln Doylestown<br/>Sherman Oaks<br/>NoRTH CHESTERFIELD<br/>New York</td><td>NJ<br/>NM<br/>NC<br/>WA<br/>CA<br/>PA<br/>CA<br/>CA<br/>VA<br/>NY</td><td>08695-0245<br/>87123<br/>28275-2167<br/>98504<br/>91101<br/>18901<br/>91403<br/>91403<br/>23235-4021<br/>10019</td><td></td></td<>                    |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown<br>Sherman Oaks<br>NoRTH CHESTERFIELD<br>New York | NJ<br>NM<br>NC<br>WA<br>CA<br>PA<br>CA<br>CA<br>VA<br>NY | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901<br>91403<br>91403<br>23235-4021<br>10019 |              |
| Creditor Name #751         Address on File         Image: Creditor Name #1342         Address on File         Image: Creditor Name #1342         Address on File         Image: Creditor Name #1342                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of North Carolina - Eproc<br>State of North Carolina - Eproc<br>State of Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1335<br>Creditor Name #1337<br>Creditor Name #1337<br>Creditor Name #2112<br>Creditor Name #2113<br>Creditor Name #1338<br>Creditor Name #1338<br>Creditor Name #1338<br>Creditor Name #1338<br>Creditor Name #1338<br>Creditor Name #1338<br>Creditor Name #2177<br>Creditor Name #2177<br>Creditor Name #41339<br>Creditor Name #41339<br>Creditor Name #4139<br>Creditor Name #4139<br>Creditor Name #4132<br>Creditor Name #4132<br>Creditor Name #4132<br>Creditor Name #4132<br>Creditor Name #4135<br>Creditor Name #4135<br>Creditor Name #4135<br>Creditor Name #175                                                             |                                | P.O. Box 002           Bankruptcy Unit           10500 Copper Ave NE Suite C           PO Box 752167           Address on File           Address on File <td></td> <td>PO Box 245</td> <td>Trenton<br/>Albuquerque<br/>Charlotte<br/>Olympia<br/>Pasadena<br/>Ln Doylestown<br/>Sherman Oaks<br/>NoRTH CHESTERFIELD<br/>New York</td> <td>NJ<br/>NM<br/>NC<br/>WA<br/>CA<br/>PA<br/>CA<br/>CA<br/>VA<br/>NY</td> <td>08695-0245<br/>87123<br/>28275-2167<br/>98504<br/>91101<br/>18901<br/>91403<br/>91403<br/>23235-4021<br/>10019</td> <td></td>   |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown<br>Sherman Oaks<br>NoRTH CHESTERFIELD<br>New York | NJ<br>NM<br>NC<br>WA<br>CA<br>PA<br>CA<br>CA<br>VA<br>NY | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901<br>91403<br>91403<br>23235-4021<br>10019 |              |
| Creditor Name #1342         Address on File         Image: Creditor Name #1342         Image: Creditor N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1335<br>Creditor Name #1336<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #1337<br>Creditor Name #2112<br>Creditor Name #2113<br>Creditor Name #2113<br>Creditor Name #1338<br>Creditor Name #2138<br>Creditor Name #2137<br>Creditor Name #1338<br>Creditor Name #2137<br>Creditor Name #1338<br>Creditor Name #2188<br>Creditor Name #139<br>Creditor Name #1475<br>Creditor Name #1475<br>Creditor Name #1214<br>Creditor Name #1214<br>Creditor Name #1214<br>Creditor Name #1340                                                                                                                                         |                                | P.O. Box 002         Bankruptcy Unit         10500 Copper Ave NE Suite C         PO Box 752167         PO BOX 47478         Address on File         155 N Lake Avenue, Suite 800         70 Wagon Wheel         Address on File         Address on File <td< td=""><td></td><td>PO Box 245</td><td>Trenton<br/>Albuquerque<br/>Charlotte<br/>Olympia<br/>Pasadena<br/>Ln Doylestown<br/>Sherman Oaks<br/>NoRTH CHESTERFIELD<br/>New York</td><td>NJ<br/>NM<br/>NC<br/>WA<br/>CA<br/>PA<br/>CA<br/>CA<br/>VA<br/>NY</td><td>08695-0245<br/>87123<br/>28275-2167<br/>98504<br/>91101<br/>18901<br/>91403<br/>91403<br/>23235-4021<br/>10019</td><td></td></td<>                    |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown<br>Sherman Oaks<br>NoRTH CHESTERFIELD<br>New York | NJ<br>NM<br>NC<br>WA<br>CA<br>PA<br>CA<br>CA<br>VA<br>NY | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901<br>91403<br>91403<br>23235-4021<br>10019 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Washington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1335<br>Creditor Name #1336<br>STUBBS ALDERTON & MARKILES, LLP<br>Creditor Name #1337<br>Creditor Name #1337<br>Creditor Name #2112<br>Creditor Name #2113<br>Creditor Name #1514<br>Creditor Name #1514<br>Creditor Name #2188<br>Creditor Name #218<br>Creditor Name #1339<br>Creditor Name #2488<br>Creditor Name #48<br>SYLVJA PRICE<br>TABLE Holdings, L.P.<br>Creditor Name #48<br>SYLVJA PRICE<br>TABLE Holdings, L.P.<br>Creditor Name #1475<br>Creditor Name #2114<br>Creditor Name #2114<br>Creditor Name #2114<br>Creditor Name #1340                                                                                                                                         |                                | P.O. Box 002         Bankruptcy Unit         10500 Copper Ave NE Suite C         PO Box 752167         PO BOX 47478         Address on File         155 N Lake Avenue, Suite 800         70 Wagon Wheel         Address on File         Address on File <td< td=""><td></td><td>PO Box 245</td><td>Trenton<br/>Albuquerque<br/>Charlotte<br/>Olympia<br/>Pasadena<br/>Ln Doylestown<br/>Sherman Oaks<br/>NoRTH CHESTERFIELD<br/>New York</td><td>NJ<br/>NM<br/>NC<br/>WA<br/>CA<br/>PA<br/>CA<br/>CA<br/>VA<br/>NY</td><td>08695-0245<br/>87123<br/>28275-2167<br/>98504<br/>91101<br/>18901<br/>91403<br/>91403<br/>23235-4021<br/>10019</td><td></td></td<>                    |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown<br>Sherman Oaks<br>NoRTH CHESTERFIELD<br>New York | NJ<br>NM<br>NC<br>WA<br>CA<br>PA<br>CA<br>CA<br>VA<br>NY | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901<br>91403<br>91403<br>23235-4021<br>10019 |              |
| Creditor Name #2115 Address on File                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of New Mexico Taxation & Revenue Department<br>State of Nashington<br>Creditor Name #1689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1336<br>Creditor Name #1337<br>Creditor Name #1337<br>Creditor Name #2112<br>Creditor Name #2113<br>Creditor Name #2113<br>Creditor Name #1338<br>Creditor Name #1338<br>Creditor Name #1339<br>Creditor Name #1339<br>Creditor Name #139<br>Creditor Name #139<br>Creditor Name #139<br>Creditor Name #1475<br>Creditor Name #1475<br>Creditor Name #2114<br>Creditor Name #2114<br>Creditor Name #214<br>Creditor Name #1340<br>Creditor Name #1341<br>Creditor Name #1341                                                                                                                                                                                           |                                | P.O. Box 002           Bankruptcy Unit           10500 Copper Ave NE Suite C           PO Box 752167           Address on File                                                                                                                                                                                                                                                                                                                                                                                       |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown<br>Sherman Oaks<br>NoRTH CHESTERFIELD<br>New York | NJ<br>NM<br>NC<br>WA<br>CA<br>PA<br>CA<br>CA<br>VA<br>NY | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901<br>91403<br>91403<br>23235-4021<br>10019 |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | State of New Jersey<br>State of New Mexico Taxation & Revenue Department<br>State of North Carolina - Eproc<br>State of Name #t689<br>Steinfl & Bruno<br>Steven Pauloski and Linda Soldati<br>Creditor Name #1335<br>Creditor Name #1337<br>Creditor Name #1337<br>Creditor Name #1337<br>Creditor Name #2112<br>Creditor Name #2113<br>Creditor Name #2113<br>Creditor Name #1338<br>Creditor Name #1338<br>Creditor Name #1339<br>Creditor Name #1339<br>Creditor Name #1339<br>Creditor Name #1339<br>Creditor Name #1339<br>Creditor Name #1339<br>Creditor Name #1475<br>Creditor Name #1475<br>Creditor Name #2114<br>Creditor Name #2114<br>Creditor Name #1340<br>Creditor Name #1341<br>Creditor Name #1341<br>Creditor Name #1341                                                                                                                                                                                  |                                | P.O. Box 002           Bankruptcy Unit           10500 Copper Ave NE Suite C           PO Box 752167           Address on File                                                                                                                                                                                                                                                                                                                                                                                       |                  | PO Box 245 | Trenton<br>Albuquerque<br>Charlotte<br>Olympia<br>Pasadena<br>Ln Doylestown<br>Sherman Oaks<br>NoRTH CHESTERFIELD<br>New York | NJ<br>NM<br>NC<br>WA<br>CA<br>PA<br>CA<br>CA<br>VA<br>NY | 08695-0245<br>87123<br>28275-2167<br>98504<br>91101<br>18901<br>91403<br>91403<br>23235-4021<br>10019 |              |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 29 of 33

| CreditorName                                                              | CreditorNoticeName                      | Address1                                               | Address2         | Address3 | City                | State    | Zin            | Country       |
|---------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------|------------------|----------|---------------------|----------|----------------|---------------|
| CreditorName<br>Creditor Name #2100                                       | CreditorNoticeName                      | Address1<br>Address on File                            | Address2         | Address3 | City                | State    | Zip            | Country       |
| Creditor Name #1489                                                       |                                         | Address on File                                        |                  | +        |                     | +        |                |               |
| Creditor Name #1343                                                       |                                         | Address on File                                        |                  | +        |                     | +        |                | I             |
| Tennessee Dept of Revenue                                                 | c/o Tennessee Attorney Generals Office  | Bankruptcy Division                                    | PO Box 20207     |          | Nashville           | TN       | 37202-0207     |               |
| Tennessee Dept of Revenue                                                 |                                         | Andrew Jackson State Office Building                   | 500 Deaderick St |          | Nashville           | TN       | 37242          |               |
| Creditor Name #1771                                                       |                                         | Address on File                                        |                  |          |                     |          |                | ĺ             |
| Creditor Name #1015                                                       |                                         | Address on File                                        |                  | -        |                     |          |                |               |
| Creditor Name #2118                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
| Creditor Name #1707                                                       |                                         | Address on File                                        |                  |          |                     |          |                | ļ             |
| Creditor Name #2293                                                       |                                         | Address on File                                        |                  |          | _                   |          |                |               |
| Creditor Name #2136                                                       |                                         | Address on File                                        |                  |          |                     | <u> </u> |                | +             |
| Creditor Name #1628                                                       | Atta Daulanatas Castian                 | Address on File Lyndon B Johnson State Office Building | 444 East 47th Ot |          | Accedia             | TV       | 70774          | ļ             |
| Texas Comptroller of Public Accounts Texas Comptroller of Public Accounts | Attn Bankruptcy Section                 | PO BOX 149359                                          | 111 East 17th St |          | Austin<br>Austin    | TX<br>TX | 78774<br>78714 |               |
| Texas Comptroller of Public Accounts                                      |                                         | PO Box 13528, Capitol Station                          |                  |          | Austin              | TX       | 78711-3528     |               |
| Creditor Name #1344                                                       |                                         | Address on File                                        |                  |          | Austin              |          | 10111-3320     |               |
| Creditor Name #2119                                                       | -                                       | Address on File                                        |                  |          | -                   | -        | -              |               |
| Creditor Name #2277                                                       | -                                       | Address on File                                        |                  |          | -                   | -        | -              |               |
| Creditor Name #1345                                                       | -                                       | Address on File                                        |                  | -        |                     | -        |                |               |
| Creditor Name #2130                                                       | -                                       | Address on File                                        |                  |          |                     |          |                |               |
| Creditor Name #2133                                                       |                                         | Address on File                                        |                  |          | 1                   |          |                |               |
| Thayer Ventures Affiliates Fund III, L.P.                                 |                                         |                                                        |                  |          |                     |          |                |               |
| Thayer Ventures III, L.P.                                                 |                                         |                                                        |                  |          |                     |          |                |               |
| Creditor Name #2120                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
| Creditor Name #2131                                                       |                                         | Address on File                                        |                  |          |                     |          | ļ!             | ļ             |
| Creditor Name #2121                                                       |                                         | Address on File                                        |                  |          |                     | 4        | <u> </u>       | <u> </u>      |
| Creditor Name #1794                                                       |                                         | Address on File                                        |                  |          |                     |          |                | L             |
| Creditor Name #1346                                                       |                                         | Address on File                                        |                  |          |                     |          |                | l             |
| Creditor Name #690                                                        |                                         | Address on File                                        |                  |          |                     |          |                | +             |
| Creditor Name #1609                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
| Creditor Name #2122<br>Creditor Name #650                                 |                                         | Address on File Address on File                        |                  |          |                     | +        |                |               |
| The Entrust Group FBO Brian J. McLoughlin Roth IRA 51-                    |                                         | Address on File                                        |                  |          |                     | +        |                |               |
| 00756                                                                     |                                         | 574 Chapala Dr                                         |                  |          | Pacific Palisades   | CA       | 90272          |               |
| Creditor Name #758                                                        |                                         | Address on File                                        |                  |          | T acilie T alloades |          | 30212          |               |
| Creditor Name #1347                                                       |                                         | Address on File                                        |                  |          |                     | +        |                |               |
| Creditor Name #2137                                                       | -                                       | Address on File                                        |                  |          | -                   | -        | -              |               |
| Creditor Name #2134                                                       | -                                       | Address on File                                        |                  |          | -                   | -        | -              |               |
|                                                                           | -                                       |                                                        |                  | -        |                     | -        |                |               |
| Creditor Name #2124                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
|                                                                           |                                         |                                                        |                  |          |                     |          |                | ĺ             |
| Creditor Name #1698                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
| Creditor Name #2123                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
| Creditor Name #2127                                                       |                                         | Address on File                                        |                  |          |                     |          |                | 1             |
| Creditor Name #2193                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
|                                                                           |                                         |                                                        |                  |          |                     |          |                | 1             |
| Creditor Name #1577                                                       |                                         | Address on File                                        |                  |          |                     |          |                | L             |
| Creditor Name #2180                                                       |                                         | Address on File                                        |                  |          |                     |          |                | l             |
| Craditar Nama #2125                                                       |                                         | Address on File                                        |                  |          |                     |          | 1              | I             |
| Creditor Name #2125<br>Creditor Name #2126                                |                                         | Address on File Address on File                        | +                | +        | +                   | +        | +'             | <u>⊢−−−−−</u> |
| Creditor Name #2126<br>Creditor Name #1572                                | +                                       | Address on File                                        | +                | +        | +                   | +        | +              |               |
| Creditor Name #1572<br>Creditor Name #2188                                | +                                       | Address on File                                        |                  |          | +                   | +        | +              | I             |
|                                                                           | +                                       |                                                        | +                | +        | +                   | +        | +              | I             |
| Creditor Name #2182                                                       |                                         | Address on File                                        |                  |          |                     |          |                | I I           |
| Creditor Name #697                                                        | +                                       | Address on File                                        | +                | +        | 1                   | +        |                | I             |
|                                                                           | 1                                       |                                                        | +                | +        | 1                   | 1        | 1              |               |
| The Hartford                                                              | Hartford Underwriters Insurance Company | One Hartford Plaza                                     |                  |          | Hartford            | СТ       | 06155          | I I           |
| The Hartford                                                              | 1                                       | PO Box 660916                                          |                  |          | Dallas              | TX       | 75266-0916     |               |
| Creditor Name #696                                                        | 1                                       | Address on File                                        |                  | 1        |                     | 1        |                |               |
| Creditor Name #1367                                                       |                                         | Address on File                                        | 1                | 1        | 1                   | 1        |                |               |
| Creditor Name #825                                                        |                                         | Address on File                                        |                  |          |                     |          |                |               |
| The M. Ellen Mitchell Revocable Trust dated 1/5/21                        |                                         | c/o M. Elen Mitchel                                    |                  |          |                     |          |                |               |
| Creditor Name #2272                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
| Creditor Name #2132                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
| Creditor Name #1368                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
| Creditor Name #1371                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
| Creditor Name #1369                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
| Creditor Name #1547                                                       |                                         | Address on File                                        |                  |          |                     |          |                |               |
|                                                                           |                                         |                                                        |                  |          |                     |          |                |               |
| Creditor Name #811<br>Creditor Name #1372                                 |                                         | Address on File Address on File                        |                  |          |                     | -        |                |               |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 30 of 33

| CreditorName                                           | CreditorNoticeName                  | Address1 Address2               | Address3 | City          | State | Zin C | Country |
|--------------------------------------------------------|-------------------------------------|---------------------------------|----------|---------------|-------|-------|---------|
| CreditorName                                           | CreditorNoticeName                  | Address Address Address 2       | Addresss | City          | State | Zip C | Jountry |
| Creditor Name #1553                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #1555<br>Creditor Name #1584             |                                     | Address on File                 |          |               |       |       |         |
| The Wyman Company                                      |                                     | P.O. Box 358780                 |          | Gainesville   | FL    | 32635 |         |
| Creditor Name #1374                                    |                                     | Address on File                 |          | Gainesville   |       | 52055 |         |
| Creditor Name #10                                      |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #332                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #1375                                    |                                     | Address on File                 |          |               |       |       |         |
| Thomas M. Mitchell Living Trust Dated June 2, 1997     |                                     | 1395 Inverness Drive            |          | Pasadena      | CA    | 91103 |         |
| Creditor Name #2128                                    |                                     | Address on File                 |          | asadena       | UA    | 31103 |         |
| Thoughtbridge dba Virtual Intelligence Briefing        |                                     | P.O. Box 320002                 |          | Boston        | MA    | 02132 |         |
| Creditor Name #1376                                    |                                     | Address on File                 |          | Doston        | 100 ( | 02102 |         |
| Creditor Name #1376                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #820                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #1814                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #941                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #942                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #822                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #821                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #749                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #749<br>Creditor Name #750               |                                     | Address on File                 |          | 1             |       | +     |         |
| Creditor Name #1349                                    |                                     | Address on File                 |          | 1             |       | +     |         |
| Creditor Name #1349<br>Creditor Name #84               |                                     |                                 |          |               |       |       |         |
| Creditor Name #84<br>Creditor Name #752                |                                     | Address on File Address on File |          |               |       | +     |         |
|                                                        |                                     |                                 |          |               |       |       |         |
| Creditor Name #2229                                    |                                     | Address on File                 |          |               |       | +     |         |
| Creditor Name #753                                     |                                     | Address on File                 |          |               |       | +     |         |
| Creditor Name #1350                                    |                                     | Address on File                 |          | +             | _     | +     |         |
| Creditor Name #2135                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #2149                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #943                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #946                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #949                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #944                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #947                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #945                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #948                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #754                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #755                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #1351                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #1520                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #1352                                    |                                     | Address on File                 |          |               |       |       |         |
| Trello                                                 |                                     | 888 Broadway, 4th Floor         |          | New York      | NY    | 10003 |         |
| Creditor Name #2138                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #783                                     |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #2212                                    |                                     | Address on File                 |          |               |       |       |         |
| Trigram LLC                                            |                                     | 925 N College Ave E118          |          | Tempe         | AZ    | 85281 |         |
| Creditor Name #1353                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #1370                                    |                                     | Address on File                 |          |               |       |       |         |
| Trisura Specialty Insurance Company                    |                                     |                                 |          |               |       |       |         |
| Creditor Name #2139                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #1043                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #790                                     |                                     | Address on File                 |          |               |       |       |         |
| Tugboat Logic, Inc.                                    |                                     | 433 Airport Blvd, Suite 304     |          | Burlingame    | CA    | 94010 |         |
| Creditor Name #1373                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #1591                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #1624                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #1377                                    |                                     | Address on File                 |          |               |       |       |         |
| Twilio Inc                                             |                                     | Dept LA 23938                   |          | Pasadena      | CA    | 91185 |         |
| Twilio Inc                                             |                                     | 101 Spear Street, Suite 500     |          | San Francisco | CA    | 94105 |         |
| Creditor Name #1660                                    |                                     | Address on File                 |          |               |       |       |         |
|                                                        |                                     | 1313 N Market Stre              | et,      |               |       |       |         |
| U.S. Attorney for Delaware                             | Attn David C. Weiss & Ellen Slights | U.S. Attorneys Office Suite 400 |          | Wilmington    | DE    | 19801 |         |
| Creditor Name #1552                                    |                                     | Address on File                 |          |               |       |       |         |
|                                                        |                                     |                                 |          |               |       |       |         |
| U.S. Securities and Exchange Commission - Headquarters | Secretary of the Treasury           | 100 F. Street NE                |          | Washington    | DC    | 20549 |         |
| Creditor Name #2140                                    |                                     | Address on File                 |          |               |       |       |         |
| Creditor Name #2280                                    |                                     | Address on File                 |          |               |       |       |         |
| UBS Financial Services Inc.                            |                                     |                                 |          |               |       | + +   |         |
| Creditor Name #1694                                    |                                     | Address on File                 |          | 1             |       | + +   |         |
| Creditor Name #1378                                    |                                     | Address on File                 |          | 1             | 1     | + +   |         |
| Creditor Name #2238                                    |                                     | Address on File                 |          | 1             |       |       |         |
|                                                        | 1                                   |                                 | I        | 1             |       | 1     |         |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 31 of 33

|                                                                      |                                    |                            |          | 0.1         |          | -          | 0       |
|----------------------------------------------------------------------|------------------------------------|----------------------------|----------|-------------|----------|------------|---------|
| CreditorName CreditorNoticeName                                      | Address1                           | Address2                   | Address3 | City        | State    | Zip        | Country |
| Creditor Name #2141                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2281                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1436                                                  | Address on File                    |                            |          |             |          |            |         |
|                                                                      |                                    |                            |          |             |          |            |         |
| Creditor Name #2142 Creditor Name #2155                              | Address on File<br>Address on File |                            |          |             |          |            |         |
| Creditor Name #2155<br>Creditor Name #2143                           |                                    |                            |          |             |          |            |         |
|                                                                      | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1691 Creditor Name #2144                              | Address on File<br>Address on File |                            |          |             |          |            |         |
| Creditor Name #1379                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1649                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2154                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1354                                                  | Address on File                    |                            |          |             |          |            |         |
| Cieditor Name #1554                                                  | Address off File                   |                            |          |             |          |            |         |
| United States of America Attorney General Attn Bankruptcy Department | Us Dept of Justice                 | 950 Pennsylvania Ave Nw    |          | Washington  | DC       | 20530-0001 |         |
| Creditor Name #1355                                                  | Address on File                    | 950 Ferrinsylvarila Ave Nw |          | Washington  | 00       | 20330-0001 |         |
| Creditor Name #1355                                                  | Address on File                    |                            |          |             |          |            |         |
|                                                                      |                                    |                            |          |             |          |            |         |
| Creditor Name #1461                                                  | Address on File<br>Address on File |                            |          |             |          |            |         |
| Creditor Name #2145                                                  |                                    |                            |          |             |          |            |         |
| Creditor Name #1434                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #756                                                   | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1684                                                  | Address on File                    |                            |          |             | L        |            |         |
| Creditor Name #999                                                   | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1382                                                  | Address on File                    |                            |          |             |          |            |         |
|                                                                      |                                    |                            |          |             |          |            |         |
| Creditor Name #2240                                                  | Address on File                    |                            |          |             | 1        |            |         |
| Creditor Name #1381                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1383                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1476                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2147                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1437                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1438                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2148                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2153                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1674                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1623                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #778                                                   | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1384                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #765                                                   | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #701                                                   | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #702                                                   | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1385                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2221                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1534                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2152                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2150                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2159                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1492                                                  | Address on File                    |                            |          |             | -        |            |         |
| Creditor Name #1670                                                  | Address on File                    |                            |          |             | -        |            |         |
| Creditor Name #1386                                                  | Address on File                    |                            |          |             | -        |            |         |
| Creditor Name #991                                                   | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2167                                                  | Address on File                    | +                          |          |             | <u> </u> | 1          |         |
| Creditor Name #2107<br>Creditor Name #2157                           | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2157<br>Creditor Name #2169                           | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1574                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #15/4<br>Creditor Name #1538                           | Address on File                    |                            |          |             |          |            |         |
|                                                                      | Address on File                    |                            |          |             |          |            |         |
| Craditar Nama #1256                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1356                                                  | Address on File                    |                            |          |             | <u> </u> |            |         |
| Creditor Name #1536                                                  | Address on File                    |                            |          |             | <u> </u> |            |         |
| Creditor Name #2209                                                  | Address on File                    |                            |          |             | <u></u>  | 000004     |         |
| UpCurve                                                              | 10801 National Blvd Suite 410      |                            |          | Los Angeles | CA       | 90064      |         |
| Upcurve Cloud                                                        | 10801 National Blvd #410           |                            |          | Los Angeles | CA       | 90064      |         |
| Creditor Name #761                                                   | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #689                                                   | Address on File                    |                            |          |             | L        |            |         |
| Creditor Name #1357                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2158                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1358                                                  | Address on File                    |                            |          |             |          |            |         |
| Userway                                                              | 1007 N Orange St                   |                            |          | Wilmington  | DE       | 19801      |         |
| Creditor Name #1044                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #2160                                                  | Address on File                    |                            |          |             |          |            |         |
| Creditor Name #1387                                                  | Address on File                    |                            |          |             |          |            |         |
|                                                                      |                                    |                            |          |             |          |            |         |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 32 of 33

| CreditorName                                                                                                                | Over dite able tie able was                               |                                                                                                                | Address2                 | Address3 | 0:4-1                            | 04-4-          | 7:                      | 0                |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------|----------|----------------------------------|----------------|-------------------------|------------------|
| Creditor Name #1545                                                                                                         | CreditorNoticeName                                        | Address1<br>Address on File                                                                                    | Address2                 | Address3 | City                             | State          | Zip                     | Country          |
| Utah Dept of Taxation                                                                                                       | Attn Bankruptcy Section                                   | 210 North 1950 West                                                                                            |                          |          | Salt Lake City                   | UT             | 84134                   |                  |
| Utah State Tax Commission                                                                                                   | Aun Dankrupicy Section                                    | 210 North 1950 West                                                                                            |                          |          | Salt Lake City,                  | UT             | 84134                   |                  |
| Creditor Name #1788                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1686                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #988                                                                                                          |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #854                                                                                                          |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #855                                                                                                          |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #856                                                                                                          |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #857<br>Creditor Name #858                                                                                    |                                                           | Address on File Address on File                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #859                                                                                                          |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #2156                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1668                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1359                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1360                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1388                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Vanta                                                                                                                       |                                                           | 369 Hayes St                                                                                                   |                          |          | San Francisco                    | CA             | 94102                   |                  |
| Vanta Inc                                                                                                                   |                                                           | 369 Hayes St.                                                                                                  |                          |          | San Francisco                    | CA             | 94102                   |                  |
| Creditor Name #989                                                                                                          |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Vazgen Badalyan                                                                                                             |                                                           | 1395 Inverness Drive                                                                                           |                          |          | Pasadena                         | CA             | 91103                   |                  |
| Creditor Name #1361                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  | -              |                         |                  |
| Creditor Name #1568<br>Creditor Name #757                                                                                   |                                                           | Address on File Address on File                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1362                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  | -              |                         |                  |
| Creditor Name #1502<br>Creditor Name #1579                                                                                  |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1579<br>Creditor Name #2162                                                                                  |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Virginia Department of Taxation                                                                                             | Virginia Tax                                              | 1957 Westmoreland St                                                                                           |                          |          | Richmond                         | VA             | 23230                   |                  |
| Virginia Department of Taxation                                                                                             | Virginia Tax                                              | PO Box 1115                                                                                                    |                          |          | Richmond                         | VA             | 23218-1115              |                  |
| Creditor Name #1389                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1505                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1506                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1507                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1508                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1364                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                | -                       |                  |
| Creditor Name #2289<br>Creditor Name #801                                                                                   |                                                           | Address on File Address on File                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1363                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1365                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1564                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1787                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1482                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Walker Sands, LLC                                                                                                           |                                                           | 55 W Monroe St                                                                                                 | 39th Fl                  |          | Chicago                          | IL             | 60603                   |                  |
| Creditor Name #1366                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #688                                                                                                          |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #950                                                                                                          |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1681                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #2163                                                                                                         | Atta Dankanatan Danatarant                                | Address on File                                                                                                |                          |          | Marking at a st                  | <b>D</b> O     | 00004                   |                  |
| Washington DC Attorney General Creditor Name #1494                                                                          | Attn Bankruptcy Department                                | 400 6th Street, NW<br>Address on File                                                                          |                          |          | Washington                       | DC             | 20001                   |                  |
|                                                                                                                             | Bankruptcy Unit, Stephanie Jeterm                         | Audress UIT File                                                                                               |                          |          |                                  | -              |                         |                  |
| Washington DC Office of Tax and Revenue                                                                                     | Supervisory Revenue Officer                               | 1101 4th Street SW                                                                                             |                          |          | Washington                       | DC             | 20024                   |                  |
| Washington Dept of Revenue                                                                                                  | Attn Bankruptcy Unit                                      | 2101 4th Ave, Suite 1400                                                                                       |                          | 1        | Seattle                          | WA             | 98121                   | 1                |
| Creditor Name #2265                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #2164                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Webflow                                                                                                                     |                                                           | 398 11th Street, Floor 2                                                                                       |                          |          | San Francisco                    | CA             | 94103                   |                  |
| Creditor Name #1815                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1390                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1692                                                                                                         |                                                           | Address on File                                                                                                |                          |          |                                  |                |                         |                  |
| Creditor Name #1391                                                                                                         | Attn Legal Division Bankruptcy Unit                       | Address on File                                                                                                |                          |          | Charlastan                       | WV             | 25323-0766              | -                |
| West Virginia State Tax Dept                                                                                                | Attn Legal Division Bankruptcy Unit<br>The Revenue Center | PO Box 766                                                                                                     |                          |          | Charleston<br>Charleston         | WV             |                         |                  |
| West Virginia State Tax Dept<br>Westcore Pyramid, LLC                                                                       | The Revenue Center                                        | 1001 Lee St. E.<br>8181 East Tufts Avenue                                                                      | Suite 560                |          | Denver                           | CO             | 25301<br>80237          |                  |
|                                                                                                                             |                                                           |                                                                                                                | Suite 900                |          | San Diego                        | CA             | 92122                   | -                |
| Westcore San Diego                                                                                                          | Attn Asset Manager                                        | 4350 La Jolla Village Drive                                                                                    |                          |          |                                  |                |                         | 1                |
| Westcore San Diego                                                                                                          | Attn Asset Manager                                        | 4350 La Jolla Village Drive<br>1 East Washington Street                                                        | Suite 300                |          |                                  |                |                         |                  |
| Westcore San Diego<br>Western Alliance Bank<br>Western Alliance Bank                                                        | Attn Asset Manager                                        | 4350 La Jolla Village Drive<br>1 East Washington Street<br>2700 W. Sahara Avenue                               |                          |          | Phoenix<br>Las Vegas             | AZ<br>NV       | 85004<br>89102          |                  |
| Westcore San Diego<br>Western Alliance Bank                                                                                 | Attn Asset Manager                                        | 1 East Washington Street                                                                                       |                          |          | Phoenix                          | AZ             | 85004                   |                  |
| Westcore San Diego<br>Western Alliance Bank<br>Western Alliance Bank                                                        | Attn Asset Manager                                        | 1 East Washington Street<br>2700 W. Sahara Avenue<br>Address on File<br>Address on File                        |                          |          | Phoenix<br>Las Vegas             | AZ<br>NV       | 85004<br>89102          |                  |
| Westcore San Diego<br>Western Alliance Bank<br>Western Alliance Bank<br>Creditor Name #1392<br>Creditor Name #687<br>Wework | Attn Asset Manager                                        | 1 East Washington Street<br>2700 W. Sahara Avenue<br>Address on File<br>Address on File<br>177 E Colorado Blvd |                          |          | Phoenix<br>Las Vegas<br>Pasadena | AZ<br>NV<br>CA | 85004<br>89102<br>91105 |                  |
| Westcore San Diego<br>Western Alliance Bank<br>Vestern Alliance Bank<br>Creditor Name #1392<br>Creditor Name #687           | Attn Asset Manager                                        | 1 East Washington Street<br>2700 W. Sahara Avenue<br>Address on File<br>Address on File                        | Suite 5001<br>Suite 1620 |          | Phoenix<br>Las Vegas             | AZ<br>NV       | 85004<br>89102          | Canada<br>Canada |

## Case 24-11395 Doc 1-1\_Filed 06/19/24 Page 33 of 33

| CreditorName                         | CreditorNoticeName      | Address1                           | Address2                | Address3 | City           | State | Zip        | Country |
|--------------------------------------|-------------------------|------------------------------------|-------------------------|----------|----------------|-------|------------|---------|
| Creditor Name #2250                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #1512                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #2161                  |                         | Address on File                    |                         |          |                |       |            |         |
| WILKS LAW LLC                        |                         | 4250 Lancaster Pike, Ste 200       |                         |          | Wilmington     | DE    | 19805      |         |
| William M. Tomai                     |                         | c/o Centre Partners Management LLC |                         |          | · · ·······    |       |            |         |
| Creditor Name #1393                  |                         | Address on File                    |                         |          |                |       |            |         |
| Wilt. Lisa                           |                         | 3147 Zuni Street                   |                         |          | Denver         | CO    | 80211      |         |
| Creditor Name #2261                  |                         | Address on File                    |                         |          | Boiltoi        |       | 00211      |         |
| Wisconsin Department of Revenue      | Special Procedures Unit | PO Box 8901                        |                         |          | Madison        | WI    | 53708-8901 |         |
| Wisconsin Department of Revenue      |                         | PO Box 8906                        |                         |          | Madison        | WI    | 53708-8906 |         |
| Wisconsin Dept of Revenue            |                         | 2135 Rimrock Rd                    |                         |          | Madison        | WI    | 53713      |         |
| WOLFLICK KHACHATURIAN & BOUAYAD, APC |                         | 130 N. Brand Boulevard, Suite 410  |                         |          | Glendale       | CA    | 91203      |         |
| Creditor Name #648                   |                         | Address on File                    |                         |          | Cicilduic      | 0,1   | 01200      |         |
| Wolfram Doelker                      |                         | 11632 Ridgegate Dr                 |                         |          | Whittier       | CA    | 90601      |         |
| Creditor Name #1394                  |                         | Address on File                    |                         |          | TT INCOM       | 0,1   | 00001      |         |
| Creditor Name #1131                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #11067                 |                         | Address on File                    |                         |          |                |       | -          |         |
| WP Engine                            |                         | 504 Lavaca Street, Suite 1000      |                         | -        | Austin         | TX    | 78701      | -       |
| WP Engine Inc                        |                         | 504 Lavaca Street Suite 1000       |                         |          | Austin         | TX    | 78701      |         |
| Wyoming Dept of Revenue              |                         | 122 West 25th Street, Suite E301   | Herschler Building East |          | Cheyenne       | WY    | 82002      |         |
| wyonning Dept of Revenue             |                         | 122 West 25th Street, Suite E301   | Herschler Bullding East |          | Cileyeilile    | VV T  | 02002      |         |
|                                      |                         |                                    |                         |          |                |       |            |         |
| Creditor Name #113                   |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #2263                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #686                   |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #51                    |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #2165                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #1397                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #1401                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #1399                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #1398                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #1400                  |                         | Address on File                    |                         |          |                |       |            |         |
|                                      |                         |                                    |                         |          |                |       |            |         |
| Creditor Name #1395                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #1396                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #2166                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #1537                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #1130                  |                         | Address on File                    |                         |          |                |       |            |         |
| YRC Freight                          |                         | PO BOX 100129                      |                         |          | Pasadena       | CA    | 91189      |         |
| Creditor Name #2168                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #2170                  |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #64                    |                         | Address on File                    |                         |          |                |       |            |         |
| Creditor Name #37                    |                         | Address on File                    |                         |          |                |       |            |         |
| Zachary Zipay                        |                         | 120 Cedar Springs Drive            |                         |          | Athens         | GA    | 30605      |         |
| ZACHÁRY ZIPAY                        |                         | 3741 WESTMORELAND DR               |                         |          | WEST LAFAYETTE | IN    | 47906-8760 |         |
| Creditor Name #1129                  |                         | Address on File                    |                         |          |                |       |            |         |
| Zendesk Inc.                         |                         | P.O. Box 734287                    |                         |          | Chicago        | IL    | 60673-4287 |         |
| Creditor Name #1752                  |                         | Address on File                    |                         |          | ¥              |       |            |         |
| Zoom                                 |                         | 55 Almaden Blvd, 6th Floor         |                         |          | San Jose       | CA    | 95133      |         |
| Zoom Video Communications Inc.       |                         | PO BOX 398843                      | 6th floor               |          | San Francisco  | CA    | 94139-8843 |         |
|                                      | Steve Lincoln, VP Sales | 805 Bbroadway Street               | Suite 900               |          | Vancouver      | WA    | 98660      |         |
| ZoomInfo                             |                         |                                    |                         |          |                |       |            |         |