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UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW JERSEY

In re: Salisbury 10 Acres LLC Debtor

Case No. 12-21213

INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief.

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation. Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession." Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	Attached	
Certificates of Insurance:	LE CERTAIN CONCARSA EN	
Workers Compensation	Cert. Attached	
Property		Explanation 1
General Liability	Cert. Attached	
Vehicle	Cert. Attached	
Other:	Cert. Attached	
Identify areas of self-insurance w/liability caps	Explanation 2	
Evidence of Debtor in Possession Bank Accounts	時間を認定されてきた。	SCERIMOREZ/
Tax Escrow Account	Sig Card Attached	Explanation 3
General Operating Account		Explanation 3
Money Market Account pursuant to Local Rule 4001-3 for the	N/A	
District of Delaware only. Refer to:	N/A	
http://www.deb.uscourts.gov/		
Other:		
Retainers Paid (Form IR-2)	IR-2 Attached	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and corfect to the best of my knowledge and belief.

Allen 11 Signature of Debtor

John Peterson, Treasurer

Signature of Joint Debtor

Signature of Authorized Individual*

Printed Name of Authorized Individual

May 14, 2012 Date

Date

Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

> FORM IR (4/07)

Date

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In re: Salisbury 10 Acres LLC Debtor Case No. 12-21213

12-Month Cash Flow Projection (Form IR-1)

Note: in response to the request for a 12-Month Cash Flow Projection, the Debtors have provided a consolidated 13-Week Cash Forecast ending July 27, 2012 This cash flow forecast is consistent with the interim Cash Collateral Order The Debtors believe that this is the most accurate and relevant cash flow forecast information currently available

			2		4	5	6		8	9	10	11	12	13	
	Consolidated	4-May	11-May	18-May	25-May	1-Jun	8-Jun	15-Jun	22-Jun	29-Jun	6-Jul	13-Jul	20-Jul	27-Jul	Total
(1)	Hunter Boat Sales	- \$	27	\$8\$	13 \$	195 \$	344 \$	351 \$	111 \$	\$ 299 \$	790 \$	564 \$	251 \$	291 \$	3,244
(2)	Total Cash Receipts		27	8	13	195	344	351	111	299	790	564	251	291	3,244
(3)	Cumulative Total Cash Receipts		27	35	49	244	587	938	1,049	1,348	2,139	2,702	2,953	3,244	
(4)	Units	-	4	1	2	5	6	6	5	6	7	7	4	7	60
(5)	Materials Purchases	(10)	(2)	(37)	(79)	(90)	(90)	(135)	(201)	(243)	(172)	(123)	(204)	(205)	(1,593
(6)	Payroll, including employer taxes	(25)	(25)	(69)	(79)	(81)	(89)	(101)	(117)	(125)	(100)	(85)	(109)	(109)	(1,113
(7)	Health Plan Payments	(17)	-	-	(33)	(46)	-	-	-	(68)	(33)	-	-	(62)	(258
(8)	Corporate Insurance Hunter	(25)	-	-	-	-	-	-	-	-	-	-	-	(25)	(50
(9)	Freight In (% Materials Purchases)	(0)	(1)	(5)	(6)	(6)	(7)	(9)	(11)	(12)	(9)	(7)	(10)	(10)	(93
(10)	International Sales Costs	-	(4)	-	-	-	(4)	-	-	-	(4)	-	-		(12
(11)	Marketing	-	-	-	-	-	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(24
(12)	Miscellaneous	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(13
(13)	R&D	-	-	-	-	-	-	-	-	-	-	-	-	-	
(14)	Other	(8)	(4)	(4)	(4)	(7)	(8)	(8)	(5)	(7)	(12)	(9)	(5)	(5)	(87
(15)	Utilities	(71)	-	-	-	(31)	-	-	-	(31)	· -	-	-	-	(133
(16)	Hunter Property and Tangible Taxes	-	-	-	-	-		-	-	-	-	-	-	-	
(17)	Total Operating Disbursements	(157)	(38)	(116)	(202)	(262)	(202)	(256)	(338)	(491)	(334)	(228)	(331)	(419)	(3,376
(18)	Net Hunter Cash Flow	(157)	(11)	(109)	(189)	(67)	142	94	(227)	(192)	456	336	(81)	(128)	(132
(10)		(101)	()	(100)	(100)	(0)			()	(102)	100		(0.)	(120)	(102)
	Other Broands Francisco														
	Other Property Expenses Millville Uti ities/Security/Maintenance	(10)			(0)	(2)	(4)		(4)		(2)	(47)	(4)	(5)	(50
(19)		. ,	-	-	(9)	(3)	(1)	-	(1)	-	(3)	(17)	(1)	(5)	(50
(20)	St. Augustine Utilities	-		-	-	(1)	- 1		-	(1)		-		-	(2
(21)	Salisbury Month to Month Rent	-	1	-	-	1	1	-		1	1	-		1	5
(22)	Salisbury Utilities - Electric Reimbursed by Tenant	-	-	-	(1)	-	-	-	(1)	-	-	-	(1)	-	(3
(23)	Insurance - Other Properties	(25)	-	-	-	-		-	-	-	-	-	-	•	(25
(24)	Total Other Expenses	(35)	1	-	(10)	(3)	(0)	-	(2)	0	(2)	(17)	(2)	(4)	(75
	Total Operating and Other Expenses	(192)	(37)	(116)	(212)	(265)	(202)	(256)	(340)	(490)	(336)	(245)	(333)	(423)	(3,450
	Cumulative Total Operating and Other Expense	(192)	(230)	(346)	(558)	(823)	(1,026)	(1,282)	(1,622)	(2,112)	(2,449)	(2,694)	(3,027)	(3,450)	
(25)	Net Cash Flow Before Bankruptcy Costs	(192)	(10)	(109)	(199)	(70)	141	94	(229)	(191)	454	319	(83)	(132)	(206)
	Cumulative Net Cash Flow before Bankruptcy	(192)	(202)	(311)	(510)	(580)	(438)	(344)	(573)	(764)	(310)	9	(74)	(206)	
(26)	Katz, Kane	-	-	-	(85)	-	-	-	-	-	(50)	-	-	-	(135
(27)	Capstone	-	-	-	-	(100)	-	-	-	-	-	(100)	-	-	(200
(28)	Counsel - Restructuring	-	-	-	-	(250)		-	-	-	(250)	-	-	-	(500
(29)	Claims Agent	(15)	-	-	(75)	-	-	-	-	-	-	(75)	-	-	(165
(30)	UCC Professionals	-	-	-	-	(25)	-	-	-	-	(25)	-	-	-	(50
(31)	DIP Fees	-	-	-	-	-	-	-	-	-	-	-	-	-	
(32)	DIP Interest	-	-	-	-	(2)		-	-	(7)	-	-	-	(9)	(18
(33)	DIP Counsel	-	-	-	-	-		-	-	-	-	-	-	-	
(34)	DIP Interest	-	-	-	-	(50)		-	-		(50)	-	-		(100
(35)	US Trustee	-	-	-	-	-		-	-	(25)	-		-		(25
(36)	Subtotal Restructuring Costs	(15)	-		(160)	(427)		-	-	(32)	(375)	(175)	-	(9)	(1,193
(37)	Total Other and Restructuring	(50)	1		(170)	(430)	(0)	-	(2)	(32)	(377)	(192)	(2)	(13)	(1,268
(38)	Net Cash Flow	(207)	(10)	(109)	(359)	(430)	141	94	(229)	(224)	79	144	(83)	(13)	(1,200
(20)	Total Borrowings, Beginning	_	(207)	(217)	(326)	(685)	(1,182)	(1,041)	(946)	(1,175)	(1,399)	(1.320)	(1,176)	(1.258)	
(39) (40)				(217)								(1,320)		(1,258)	(4 00)
	Net Cash Flow	(207)	(10)	(109)	(359)	(497)	141	94	(229)	(224)	79	144	(83)	(141)	(1,399
(40)	Total Borrowings, Ending	(207)	(217)	(326)	(685)	(1,182)	(1,041)	(946)	(1,175)	(1,399)	(1,320)	(1,176)	(1,258)	(1,399)	(1,399

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In re: Salisbury 10 Acres LLC Debtors.

Case No. 12-21213 Reporting Period: Initial Monthly Operating Report

Explanation 1 - Property Insurance Coverage

Debtors Insurance Broker is working with the Debtors prior property insurance provider to bind coverage immediately and the broker believes such coverage will be in place by May 18, 2012.

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MORGIND-01 CRIPPSK **NCORD** DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 5/14/2012 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): (800) 243-6899 E-MAIL ADDRESS: PRODUCER Insurance Office of America, Inc. P.O. Box 162207 FAX (A/C, No): (407) 788-7933 Altamonte Springs, FL 32716-2207 INSURER(S) AFFORDING COVERAGE NAIC # **INSURER A : Federal Insurance Company** 20281 INSURED **INSURER B: Great Northern Insurance Company** 20303 INSURER C: Atlantic Specialty Insurance Company 27154 Morgan Industries Corp, et al INSURER D : Zenith Ins Co 13269 PO Box 1030 Alachua, FL 32615 **INSURER E : INSURER F**: COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) INSR LTR TYPE OF INSURANCE LIMITS POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 \$ 79532929 3/19/2012 3/19/2013 Α X COMMERCIAL GENERAL LIABILITY 1,000,000 \$ CLAIMS-MADE X OCCUR 10,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT \$ POLICY LOC COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 \$ 73521288 3/19/2012 3/19/2013 BODILY INJURY (Per person) В Х ANY AUTO \$ ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ AUTOS \$ UMBRELLA LIAB Х 10.000.000 Х EACH OCCURRENCE OCCUR \$ EXCESS LIAB С B5JH25209 3/19/2012 3/19/2013 10,000,000 CLAIMS-MADE AGGREGATE \$ DED X RETENTION \$ 25,000 \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY OTH ER WC STATU-TORY LIMITS 12/31/11 D ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Z071979601 1,000,000 E.L. EACH ACCIDENT \$ N/A 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 12/31/12 If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 3/19/2013 Α Excess Liability 79532932 3/19/2012 Excess Bumbershoot 15,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Office of the United States Trustee is additional insured on the referenced liability policies and per Florida law, will be given 45 days notice of cancellation except for non-payment of premium which will be 10 day notice of cancellation. The following Named Insured's are included under referenced policies as indicated: Morgan Industries Corporation: General Liability, Automobile, Excess Liability, Workers Compensation Hunter Marine Corporation: General Liability, Automobile, Excess Liability, Workers Compensation Luhrs Corporation: General Liability, Automobile, Excess Liability, Workers Compensation SEE ATTACHED ACORD 101 **CERTIFICATE HOLDER** CANCELLATION

CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
 AUTHORIZED REPRESENTATIVE	

Klins

Office of the United States Trustee One Newark Center, Suite 2100 Newark, NJ 07102

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AGENCY CUSTOMER	ID:	MORGIND-01

LOC #:

CRIPPSK



ADDITIONAL REMARKS SCHEDULE Page 1 of 1

AGENCY		NAMED INSURED
Insurance Office of America, Inc.		Morgan Industries Corp, et al PO Box 1030
POLICY NUMBER		Alachua, FL 32615
SEE PAGE 1		
CARRIER	NAIC CODE	
	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Mainship Corporation: General Liability, Automobile, Excess Liability, Workers Compensation Silverton Corporation: General Liability, Automobile, Excess Liability, Workers Compensation Hunter Composite Technologies Corporation: General Liability, Automobile, Excess Liability

Ovation Yachts Corporation: General Liability, Automobile, Excess Liability

Salisbury 10 Acres, LLC: General Liability, Automobile, Excess Liability

Salisbury 20 Acres, LLC: General Liability, Automobile, Excess Liability

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In re: Salisbury 10 Acres LLC Debtors.

Case No. 12-21213 Reporting Period: Initial Monthly Operating Report

Explanation 2 - Employee Health Insurance

Debtors are self insured for Employee Health Coverage with stop loss coverage of \$250,000/person per plan year.

Base 12 F21 156 MBK Doc 100 Filed 05/15/12 Merrill Lynch Document Page				2 Entered 05/ Page 7 of Papos	15/12 15:56:18 it Account Do	Desc Main cumentation
Contractor of the second second second	And the second second second					nature Card
CLIENT INFORM Select One:	New Account					
Account # (If new		Updat	e (Add/Delete)) Signers 🛛 🗍 Supe	ersede Existing Signatu	re Card
ORGANIZATION L	EGAL NAME (Maria	complete):				
HO	LEZ MA	t match legal name indica	ited in company	formation documents)	-	
DBA NAME or OW	NER BUSINESS N	AME OF DISREGARDED	RATION	IRD PARTY / FUNDS OW	IN POSSESSI	pro
		ACCOUNT	ccount, Rent Ac	ccount, etc. Cannot be and	other legal entity name.)	
Address For State		30× 1030	HICHL	AU LILI		
City: ALACH	FUA	State:	1	Postal Cada	32/11	
STATE OF FORMA	TION (You may be re	quired to provide copies of yo	our company chart	er or formation documents):	32615	-
	SS (Select One):		. ,	er er formalion documents.).	NEW JERS	=4
Corporation				Sole Proprietors	hin	
Limited Liability						
Manager I	Managed 🗌 Me	ember Managed 🔲 S	Sole Member	Unincorporated	Organization or Associa	ation
General Partne				Joint Venture		
Limited Liability	Partnership				hority/ Agency (Type:	1
Limited Partner				Albert (T)
TAX CLASSIEICA	gement accounts n	nust be accompanied by a	ppropriate owne	er and agent indemnities a	nd property management a	CCOUNT CURRIAMANT
					i iping management e	coodin supplement.
Employer Identifie			879.	26		
Legal name of the			NORGAN	INDUSTRIES	CORPERATIO	. 1
Federal Tax Class		Individual sole prop	C Corporati	ion S Corporation		Trust/Estate
LLC Tax Classific	ation (UNLY for	Limited Liability Con	nany)-	C Comercia	S Corporation	
AGREEMENT, TA		CEDTICICATION		TION pout your business and by single the current terms govern		Partnership
The deposit agreement By signing below, you a card now or in the futur to endorse and deposit including closing the ac name. We may rely on	authorize each persi authorize each persi e. The authority to checks and other its count. If you wish	for <u>alternative dispute res</u> on who has signed in the D opperate an account includes ems payable to or belonging o restrict a designated sign	rights and obliga colution. esignated Accou a: authority to sig to you to the ac her's authority to	ations. By signing below, yo int Signer section below to o in checks and other items ar ccount; and, to transact othe check signing you must ind	pperate any account opened to do give us other instruction	y change the deposit e deposit agreement. I under this signature ns to withdraw funds;
The unsace and deposit checks and other items payable to or belonging to you to the account; and, to transact other administrative business relating to the account, name. We may rely on this authorization for any account opened under this signature card until we receive written notice revoking the box to the left of their where we maintain the account, and we have a reasonable time to act upon such notice. By signing below, you certify under penalty of perjury that 1) the employer identification number listed above for this organization is correct; 2) that the organization is correct above is a United States person (defined below); and 3) the organization listed above is not subject to backup withholding because: (a) the organization is to report all interest or dividends, or (b) has not been notified by the Internal Revenue Service (the IRS) that it is subject to back up withholding. [Cross out item 2 above if the have been notified by the Internal Revenue Service (the IRS) that it is subject to back up withholding. [Cross out item 3 above if you "I for ergonization listed above is not a United States person and follow the instructions in the paragraph immediately below."] [Cross out item 3 above if you "I for ergin Entities). The term "United States person" meas: a citizen or resident of the United States, a partnership created or organized in the any state, or any estate or trust other than a foreign estate or foreign trust. By signing below, this organization hareby agrees to be bound to the above Agreement, Tax Information Certification and Authorization. Evolution/contract for deposit of moneys or existing banking resolutions/contract for deposit of the United States or under the law of the United States or of any State, a corporation created or organized in the United States or under the law of the United States or of any State, a corporation created or organized in the United States or under the law of the United States or of any State, a corporation created or organized or trust other than a foreign						
coolution/contract for de	DOSIT OF MODOVE OF O	viction bootton to a	- gannadition ociti	nes that they are duly autho	fized to do co ac avidanced	by attached backing
he IRS does not requ	lire your consent	to any provision of this	document othe	sit of moneys on file with us. In than the certifications r	aguired to a state	, enconed banking
Must match Banking F	Authorized	Signer Signature:		A continuations r	equired to avoid backup	withholding.
Must match Banking R Print Name:	· / Passers Channess of Pass		6	KT. Patern)		
Print Name: JO		ERSON P	rint Title:	PRESIDENT	C Date:	5/7/12
Must match Banking R	esolution & Certific	Signer Signature:	22	5	2 1	
			rint Title:	- EL	- ((
ESIGNATED ACCO	UNT SIGNERS	USe supplemental as		d for additional signed	Date:	5/1/12
elect if signer can DNLY sign checks	Add/Delete Signer (A/D)	Name	100	d for additional signe	rs) Signature	1
]	ADD	JOHN T. TET	======	PRESIDENT	AU	F
]	ADD	BRIANG.D		VICE RESIDENT	And it	terson -
]	DELETE	WILLIAM FIN		THE PREAD	The second secon	
1						
					11	

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Page 1 of 1 Bank of America - Confidential 1

Case 12-21156-MBK Doc 100 Filed 05/15/12 Entered 05/15/12 15:56:18 Desc Main Document Page 8 degosit Account Documentation					
Merrill Lynch	Signature Card				
CLIENT INFORMATION					
Select One: New Account Update (Add/Delete) S	Signers Supersede Existing Signature Card				
Account # (If new account, Bank will complete):					
ORGANIZATION LEGAL NAME (Must match legal name indicated in company for					
HUNTER MARINE CORPORATION	- DESTER IN POSSESSION				
DBA NAME or OWNER BUSINESS NAME OF DISREGARDED ENTITY or THIR	D PARTY / FUNDS OWNER NAME, if applicable				
DESCRIPTIVE ACCOUNT TITLE (if applicable, e.g. Operating Account, Rent Acc					
Address For Statement: Po Box 1030, HIGHU					
City: ALACHUA State: FL	Postal Code: 32615				
STATE OF FORMATION (You may be required to provide copies of your company charter TYPE OF BUSINESS (Select One):	r or formation documents.): NEW JERSEY				
Cor oration	Sole Proprietorship				
Limited Liability Company:					
Manager Managed Member Managed Sole Member	Unincorporated Organization or Association				
General Partnership	Joint Venture				
Limited Liability Partnership	Government Authority/ Agency (Type:)				
Limited Partnership	Other (Type:)				
Note: Property management accounts must be accompanied by a propriate owne TAX CLASSIFICATION	er and agent indemnities and property management account supplement.				
Employer Identification Number: 222 - 19879	26				
Lagal paine of the owner of the ELIN linked above: MCZGAN	INDUSTRIES CORTORATION				
Federal Tax Classification: Individual sole prop 🖾 C Corporati	on 🗌 S Corporation 🗋 Partnership 📋 Trust/Estate				
LLC Tax Classification (ONLY for Limited Liability Company):	C Corporation S Corporation Partnership				
AGREEMENT, TAX INFORMATION CERTIFICATION and AUTHORIZA					
You begin or continue a deposit account relationship with us by giving us information at give you is part of your agreement with us regarding use of your account and tells y agreement at any time and will inform you of changes that affect your rights and obligat The deposit agreement includes a provision for alternative dispute resolution.	you the current terms governing your account. We may change the deposit				
By signing below, you authorize each person who has signed in the Designated Account					
card now or in the future. The authority to operate an account includes: authority to sig to endorse and deposit checks and other items payable to or belonging to you to the a including closing the account. If you wish to restrict a designated signer's authority to name. We may rely on this authorization for any account opened under this signature where we maintain the account, and we have a reasonable time to act upon such notice	ccount; and, to transact other administrative business relating to the account, o check signing you must indicate that by checking the box to the left of their e card until we receive written notice revoking the authorization at the office				
By signing below, you certify under penalty of perjury that 1) the employer identification number listed above for this organization is correct; 2) that the organization listed above is a United States person (defined below), and 3) the organization listed above is not subject to backup withholding because: (a) the organization is exempt from back-up withholding, or (b) has not been notified by the Internal Revenue Service (the IRS) that it is subject to back up withholding, a a result of failure to report all interest or dividends, or (c) the IRS has notified the organization that it is no longer subject to backup withholding. [Cross out item 2 above if the organization nisted above is not a United States person and follow the instructions in the paragraph immediately below."] [Cross out item 3 above if you have been notified by the IRS that you are currently subject to backup withholding information please see IRS Pub 515 Withholding of Tax on Non-					
Resident Aliens or Foreign Entities). The term "United States person" means: a citize United States or under the law of the United States or of any State, a corporation create					
any State, or any estate or trust other than a forei in estate or forei in trust. By signing below, this organization hereby agrees to be bound to the above Agreement, Tax Information Certification and Authorization. For CA Public Funds only: Any person signing this Agreement for the Organization certifies that they are duly authorized to do so as evidenced by attached banking resolution/contract for de_sit of moneys or existing banking resolutions/contract for de_sit of moneys on the with us.					
The USS does not couple your consent to any provision of this document other than the second stations required to avoid backup withholding.					
Authorized Signer Signature:					
(Must match Banking Resolution & Certificate of Incumbency) :	lof T. Y lena				
Print Name: John T. CELESSA Print Print Name: Authorized Signer Signature:	PRESIDENT Date: 5/7/12				
(Must match Banking Resolution & Certificate of Incumbency) :	Zill				
Print Name: BRIAN G. DINGLER Print Title:	VICE RESIDENT Date: 5/1/12				
DESIGNATED ACCOUNT SIGNERS (use supplemental pages as need					
Select if signer can Add/Delete Name ONLY sign checks Signer (A/D) Name	Title Signature				
D ADD DANIEL N. JET	ECRETARY MARCALUNY				
- ATO JOHN T. TETERSON					
ADD BRIANG. DINGLER	VICE PRESTERIE				

Case 12-211	56-MBK	Doc 100 Filed 05/15/1	2 Entered 05/15/1	2 15:56:18 Desc Main count Documentation
Merrill Lyne	ch	Document	aye 9 01 10	Signature Card
No. of Concession, Name				olghatare eard
CLIENT INFORMATI			Cianama I C. Supamada	Eviation Rispeture Cord
	ew Account	Update (Add/Delete)	Signers 🔲 Supersede	Existing Signature Card
Account # (If new acco			e 11 1 1 1 1	
		tch legal name indicated in company		SSE (SIO)
		E OF DISREGARDED ENTITY or THI		
		able a Constinue Assessed Dent As	and the Connective enables in	
DESCRIPTIVE ACCOU	ComPAN		cnot	ar entity name.)
Address For Stateme	nt: PO 30	DX 1030, HIGHWAY	441	
City: ALACHUI	4	State: FC	Postal Code: 32	
STATE OF FORMATIO	N (You may be requir	red to provide copies of your company charter	er or formation documents.):	EW JERSEY
TYPE OF BUSINESS	(Select One):			
Corporation			Sole Proprietorship	
Limited Liability Con			Unincorporated Organ	ization or Association
Mana er Mar		ber Managed [] Sole Member		
General Partners			Joint Venture	
Limited Liability P			Government Authority	Agency (Type:)
Limited Partnersh	also and a second se		Other (Type:)	
TAX CLASSIFICATIO		st be accompanied by ap ropriate own	er and agent indemnities and pro	perty management account supplement.
Employer Identificat	ion Number:	22-19379	26	
Landunua of the o		the second se		TOR ATION
Federal Tax Classifi				Partnership Trust/Estate
				Corporation Partnership
AGREEMENT, TAX I You begin or continue a d give you is part of your a agreement at any time an	NFORMATION O leposit account relati agreement with us re ad will inform you of	CERTIFICATION and AUTHORIZ lonship with us by giving us information a regarding use of your account and tells	ATION bout your business and by signing I you the current terms governing y	his Agreement. The deposit agreement we our account. We may change the deposit nowledge receipt of the deposit agreement.
card now or in the future. to endorse and deposit of including closing the acco name. We may rely on the	The authority to op necks and other item punt. If you wish to his authorization for	perate an account includes: authority to s ns payable to or belonging to you to the restrict a designated signer's authority t	ign checks and other items and to g account; and, to transact other adm o check signing you must indicate re card until we receive written not	e any account opened under this signature give us other instructions to withdraw funds; inistrative business relating to the account, that by checking the box to the left of their lice revoking the authorization at the office
By signing below, you certify under penalty of perjury that 1) the employer identification number listed above for this organization is correct; 2) that the organization listed above is a United States person (defined below); and 3) the organization listed above is not subject to backup withholding because: (a) the organization is exempt from back-up withholding, or (b) has not been notified by the Internal Revenue Service (the IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the organization that it is no longer subject to backup withholding. [Cross out item 2 above if the organization listed above is not a United States person and follow the instructions in the paragraph immediately below."] [Cross out item 3 above if you have been notified by the IRS that you are currently subject to backup withholding for failure to report interest or dividends.] * If the organization listed above is a foreign entity use the applicable Form W-8 (for additional information please see IRS Pub 515 Withholding of Tax on Non-Resident Aliens or Foreign Entities). The term "United States person" means: a citizen or resident of the United States or under the law of the United States or of any State, a corporation created or organized in the United States or under the law of the United States or of any State, or any estate or trust other than a foreign trust. By signing below, this organization nereby agrees to be bound to the above Agreement, Tax Information Certification and Authorization.				
For CA Public Funds only: Any person signing this Agreement for the Organization certifies that they are duly authorized to do so as evidenced by attached banking resolution/contract for deposit of moneys on file with us. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.				
The IKS does not re ju		o any provision of this document ot Signer Signature:	ner that the certifications requi	red to avoid backup withholding.
(Must match Banking Re			the liters	
	NT. PETE	the second se	TRESIDENI	Date: SA/12
		Signer Signature:	50).	
(Must match Banking Re			6.	
Print Name: 37		Print Title:	VICE PRESIDENT	Date: 5/2/17
		(use supplemental pages as nee		
Select if signer can ONLY sign checks	Add/Delete Signer (A/D)	Name	Title	Signature 1. 10
	ADD	DANIEL N. JET	SECRETARY	Icquella. ht
	AD	JOHN T. PEIERSON	TRESIDEN	the fiteres
	ADD	BRIANG. DINGLER	VICE PRESIDENT	12: 21
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© 2011 Bank of America Corporation

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1.2.4	w Account	Update (Add/	Dalata) Si		Existing Signature Card
1.			Delete) St	gliers D Supersede	Existing Signature Caru
Account # (If new account, Bank will complete):					
ORGANIZATION LEGA		legal name indicated in co			Decesco
DBA NAME or OWNER	BUSINESS NAME C	DF DISREGARDED ENTITY		DEBTER IN PARTY / FUNDS OWNER NA	ME, if applicable
DESCRIPTIVE ACCOU		le, e.g. Operating Account,	Rent Acco	unt, etc. Cannot be another leg	al entity name.)
Address For Stateme	nt: POB	0× 1030 HIG	HWAG	- 441	
City: ALACHU	A	State: EC	-100-100-100-0	Postal Code: 37	615
		to provide copies of your comp	any charter of		EW JERSEY
TYPE OF BUSINESS	(Select One):				
M Corporation				Sole Proprietorship	
Limited Liability Cor	npany:				
	naged 🗌 Membe	r Mana ed 🔲 Sole M	ember	Unincorporated Organ	ization or Association
General Partners				Joint Venture	
Limited Liability P	and a second			Government Authority	Agency (Type:)
Limited Partnersh				Other (Type:)	
and the second s	1	e accompanied by a promi	ate owner		erty management account supplement.
TAX CLASSIFICATIO					
Employer Identifical	Number 19	2-198-	000	6	
		and the particular Western			SKICKATIONI
Legal name of the or	and the second se			111005 1102	
Federal Tax Classifi		vidual sole prop 🕅 C C			Partnership Trust/Estate
	and the second se	ited Liability Company	Concession of the local division of the loca	Name of Concession, Name of Street, Na	Corporation Partnership
		RTIFICATION and AUT			this Announced. The descell second state
					this Agreement. The deposit agreement we our account. We may change the deposit
				ions. By signing below, you ackn	nowledge receipt of the deposit agreement.
The deposit agreement in	ciddes a provision for a	Iternative dispute resolutio	<u>11</u> .		
					e any account opened under this signature give us other instructions to withdraw funds;
					inistrative business relating to the account,
					that by checking the box to the left of their lice revoking the authorization at the office
		easonable time to act upon si		card only we receive written not	ice revoking the authorization at the onice
Du sissing below you on	difu updar appaltu af a	arius, that 1) the employer id	antification	sumber listed obsue for this area	principal in correct: 2) that the conscipation
					anization is correct; 2) that the organization vithholding because: (a) the organization is
exempt from back-up with	holding, or (b) has not	been notified by the Internal	Revenue S	ervice (the IRS) that it is subject	to back up withholding as a result of failure
organization listed abov	e is not a United Stat	es person and follow the in	n that it is istructions	in the paragraph immediately	holding. [Cross out item 2 above if the below."] [Cross out item 3 above if you
have been notified by th	e IRS that you are cu	rently subject to backup wi	thholding	for failure to report interest or o	dividends.]
" If the organization lister Resident Aliens or Foreic	above is a foreign er in Entities). The term "	tity use the applicable Form United States person" mean	i W-8 (for a s: a citizen	or resident of the United States	IRS Pub 515 Withholding of Tax on Non- , a partnership created or organized in the
United States or under the	a law of the United Stat	es or of any State, a corporat			s or under the law of the United States or of
any State or any estate o			aroomoot 1	ax Information Certification and A	uthodization
					to do so as evidenced by attached banking
		ing banking resolutions/contra			
THE INCO DECEMBER DOT (POIN		any provision of this docu aner Signature:	TRANST SELIG	r cremine certifications re jui	ired to avoid backup withholding
(Must match Banking Re			4	af T. Piterson	
	IN T. PET	the second s	Title:	PRESIDENT	Date: 5/7/17_
Fine rearies.		iner Signature:	1110.	ERCOIVEN	Date. Staffic
(Must match Banking Re			C	151	21
			Title:	WIGE TEST	Date: Chiz
Print Name: BRIAN G. DINGLER Print Title: VICE RESIDENT Date: Date: Date: Date: DESIGNATED ACCOUNT SIGNERS (use supplemental pages as needed for additional signers)					
Select if signer can	Add/Doloto				177
ONLY sign checks	Signer (A/D)	Name		Title	Signature 1
		DANIEL N. JE	π	SECRETARY	Maula Max
		JOHN T. PETER		PRESIDENT	John T. Veterson ;
	100	ZIANG. DING	LER	VICE PRESIDENT	42.20
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Case 12-21156-MBK Doc 100 Filed 05/15/12 Entered 05/15/12 15:56:18 Desc M Document Page 11 Deposit Account Documentati Banking Resolution and Certificate of Incumber	ain on ıcy				
Date: $5/2/1Z$					
Select One: New Resolution/Incumbency					
This Banking Resolution and Certificate of Incumbency will apply to all accounts you maintain with us.					
HUNTER MARINE CORTERATION - DESTOR IN POSSESSION					
Organization Legal Name					
The Organization adopts the following Banking Resolution and Certificate of Incumbency (with specimen signatures)*					
The undersigned certifies that: 1) any individual (each an "Authorized Signer") holding any of the following positions:					
PRESIDENT SECRETARY					
(Title) (Title)					
VICE PRESIDENT					
(Title) (Title)					

is authorized, acting alone, (a) to establish accounts from time to time for the Organization at Bank of America, N.A. (the "Bank"), as well as to operate and close such accounts, and (b) to designate persons to operate each such account including closing the account, and

2) the person whose signature, name, and title appear in the "AGREEMENT, TAX INFORMATION CERTIFICATION and AUTHORIZATION" section of the Deposit Account Documentation Signature Card ("Signature Card") and those persons listed below on the Incumbency Certificate, are Authorized Signers who are authorized to establish accounts and to designate persons to operate each such account and to execute contracts and agreements with the Bank and that their signatures are genuine.

3) the persons who signed in the Designated Account Signers section of the Signature Card are authorized to operate any accounts opened with the deposit account documentation unless otherwise noted on the Signature Card, and that their signatures are genuine.

4) the foregoing is a complete, true and correct copy of the banking resolutions adopted by the Board of Directors, the Members or the General Partners, Commission, Council or Governing Board as applicable, of the Organization, government entity or authority and that the resolutions are still in full force and effect and have not been amended or revoked and do not exceed the objects or powers of the Organization, government entity, authority or the powers of its management or Governing Board, Commission or Council.

Incumbency Certificate: Use when Authorized Signer's signature does not appear on the accompanying Signature Card, or to update authorized signers.

Name	Title	Signature
JOHN T. PETERSON	PRESIDENT	yohn T. P. et an
BRIAN G. DINGLER	VICE PRESIDENT	Card a
DANIEL N. JET	SECRETARY	Jamiel ALAR
		100

* If you choose to provide your own Banking Resolution and Certificate of Incumbency (with specimen signatures), it must be attached to the signature card.

This Banking Resolution and Certificate of Incumbency must be signed as follows:

Corporations: Secretary or assistant secretary of the company must sign.

Any Partnership type: One of the general partners must sign. If the general partner is an organization, show the name of the general partner and include capacity of signer.

Limited Liability Company: Member Managed LLC: One of the members or an officer of the company must sign. If the member or manager is an organization, show the name of the member or manager and include capacity of signer.

Manager Managed LLC: The manager or managers or an officer authorized of the company must sign. If the member or manager is an organization, show the name of the member or manager and include capacity of signer.

Other unincorporated organizations: An officer of the organization who is authorized by the by-laws or operating agreement of the company must sign. Government entities, authorities or agencies: An authorized signer of the government entity/authority who is authorized by the statutes must sign. 1 1 1

IN WITNESS WHEREOF, I have hereunto set my hand as	(title) of the Organization listed above this
day of Mart , 20/2	A DA MAR
BY: MANIEL N. SETT	Fruel KMAN
Type or Print Name of Certifying Individual	Signatur
(Name of Company who is General Partner or Member)	

THIS DOCUMENT MUST BE PROCESSED BY THE BANK OF AMERICA UNIT LISTED BELOW						
For Bank Use:	Forward to:					
Date Received:		Received by:		Phone:		
Date Reviewed:		Reviewed by:				

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In re: Salisbury 10 Acres LLC Debtors.

Case No. 12-21213 Reporting Period: Initial Monthly Operating Report

Explanation 3 - Main Operating Account

Pursuant to Docket Filing number 40: Order Authorizing Continued Maintenance of Existing Bank Accounts, the Debtors are using its Bank of America account ending in 4377 at Bank of America as its General Operating Account.

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In re: Salisbury 10 Acres LLC

Debtors

Case No. 12-21213 Reporting Period: Initial Monthly Operating Report

SCHEDULE OF RETAINERS PAID TO PROFESSIONALS

(This schedule is to include each Professional paid a retainer ¹)

	Che	eck			Amount Applied	
Payee	Date	Number	Name of Payor	Amount	to Date	Balance
Arent Fox, LLP	3/8/2012	(1)	Hunter Marine Corporation	75,000	75,000	0
Capstone Advisory Group LLC	12/28/2012	(1)	Warren Luhrs	10,000		0
Donlin, Recano & Company, Inc.	4/19/2012		Hunter Marine Corporation	15,000	0	15,000
Stichter, Riedel, Blain & Prosser	10/16/2009	152575	Luhrs Corporation	5,000		5,000
Rattett Pasternak LLP	4/23/2012	(1)	Hunter Marine Corporation	5,000	5,000	0
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¹ Identify all Evergreen Retainers

(1) Paid by wire