

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

RESTAURANTS ACQUISITION I, LLC,¹

Debtor.

Chapter 11

Case No. 15-12406 (KG)

Related Docket No. 138

**AMENDED SCHEDULES OF ASSETS AND LIABILITIES
(SCHEDULES A/B, D, E/F AND SUMMARY)**

Dated: March 3, 2016

DUANE MORRIS LLP

Sean J. Bellew (DE 4072)
Sommer L. Ross (DE 4598)
Jarret P. Hitchings (DE 5564)
222 Delaware Avenue, Suite 1600
Wilmington, DE 19801-1659
Telephone: 302.657.4900
Facsimile: 302.657.4901
sjbellew@duanemorris.com
slross@duanemorris.com
jphitchings@duanemorris.com

*Counsel to Debtor and Debtor-in-Possession
Restaurants Acquisition I, LLC*

¹ The Debtor's mailing address is 313 East Main Street, Suite 2, Hendersonville, TN and the last four digits of its tax identification number are 8761.

Fill in this information to identify the case:

Debtor name Restaurants Acquisition I, LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (If known): 15-12406 (KG)

Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

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

<p>1a. Real property: Copy line 88 from <i>Schedule A/B</i>.....</p>	<p><u>\$3,821,670.00</u></p>
<p>1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>.....</p>	<p><u>\$3,690,654.00</u></p>
<p>1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>.....</p>	<p><u>\$7,512,324.00</u></p>

Part 2: Summary of Liabilities

<p>2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i>, from line 3 of <i>Schedule D</i>.....</p>	<p><u>\$5,900,180.00</u></p>
<p>3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)</p> <p>3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>.....</p>	<p><u>\$3,633,853.32</u></p>
<p>3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>.....</p>	<p>+ \$ <u>5,197,486.30</u></p>
<p>4. Total liabilities Lines 2 + 3a + 3b</p>	<p><u>\$14,731,519.62</u></p>

Fill in this information to identify the case:

Debtor name Restaurants Acquisition I, LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number (if known): 15-12406 (KG)

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

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

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

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

Part 1: Cash and cash equivalents

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

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

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. See Attachment 1.3 _____ _____ \$ _____

3.2. _____ _____ _____ \$ _____

4. Other cash equivalents (Identify all)

4.1. _____ \$ _____

4.2. _____ \$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 121,503.00

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

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

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. See Attachment 2.7 \$ 47,962.00

7.2. _____ \$ _____

Debtor Restaurants Acquisition I, LLC
Name

Case number (if known) 15-12406 (KG)

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

Description, including name of holder of prepayment

8.1. none \$ _____
8.2. _____ \$ _____

9. Total of Part 2.

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

\$ 47,962.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: 60,128.00 - 0.00 = → \$ 60,128.00
face amount doubtful or uncollectible accounts
11b. Over 90 days old: 1,269.00 - 0.00 = → \$ 1,269.00
face amount doubtful or uncollectible accounts

12. Total of Part 3

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

\$ 68,472.00

Part 4: Investments

13. Does the debtor own any investments?

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

Valuation method used for current value

Current value of debtor's interest

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

Name of fund or stock:

14.1. _____ \$ _____
14.2. _____ \$ _____

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

Name of entity: _____ % of ownership: _____
15.1. _____ % _____ \$ _____
15.2. _____ % _____ \$ _____

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

Describe:

16.1. _____ \$ _____
16.2. _____ \$ _____

17. Total of Part 4

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

\$ 0

Part 5: Inventory, excluding agriculture assets

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

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

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies Food and beverage	<u>11/29/2015</u> MM / DD / YYYY	\$ _____	FIFO	\$ <u>240,004.00</u>
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$ <u>240,004.00</u>

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

- No
 Yes

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

- No
 Yes. Book value _____ Valuation method turnover estimation Current value 190,000.00

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

- No
 Yes

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

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

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

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

Debtor

Restaurants Acquisition I, LLC
Name

Case number (if known) 15-12406(KG)

33. Total of Part 6.

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

\$ 0

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

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

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

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

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

- No
- Yes

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

- No
- Yes

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture See Attachment 8.50	\$ 0.00		\$
40. Office fixtures See Attachment 8.50	\$		\$
41. Office equipment, including all computer equipment and communication systems equipment and software See Attachment 8.50	\$		\$
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	\$		\$
42.2	\$		\$
42.3	\$		\$

43. Total of Part 7.

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

\$ 0

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

- No
- Yes

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

- No
- Yes

Debtor

Restaurants Acquisition I, LLC
Name

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Part 8: Machinery, equipment, and vehicles

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

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

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

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

47.1 2003 Ford Van VIN: 1FTNE24LX3HA28126	\$ 0.00	nbv	\$ 0.00
47.2 _____	\$ _____		\$ _____
47.3 _____	\$ _____		\$ _____
47.4 _____	\$ _____		\$ _____

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

48.1 _____	\$ _____		\$ _____
48.2 _____	\$ _____		\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____		\$ _____
49.2 _____	\$ _____		\$ _____

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

See Attachment 8.50	\$ 726,291.00	nbv	\$ 726,291.00
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51. Total of Part 8.

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

\$ 726,291.00

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

- No
- Yes

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

- No
- Yes

Part 9: Real property

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

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

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

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <u>See Attachment 9.55</u>		\$ <u>3,821,670.00</u>	<u>nbv</u>	\$ <u>3,821,670.00</u>
55.2 _____		\$ _____		\$ _____
55.3 _____		\$ _____		\$ _____
55.4 _____		\$ _____		\$ _____
55.5 _____		\$ _____		\$ _____
55.6 _____		\$ _____		\$ _____

56. Total of Part 9.

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

\$ 3,821,670.00

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

- No
 Yes

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

- No
 Yes

Part 10: Intangibles and intellectual property

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets <u>Licensee of Trademarks held by CFS Holdings, LLC</u>	\$ _____		\$ _____
61. Internet domain names and websites <u>www.theblackeyedpea.com</u>	\$ _____		\$ _____
62. Licenses, franchises, and royalties _____	\$ _____		\$ _____
63. Customer lists, mailing lists, or other compilations <u>Customer e-mail list</u>	\$ _____		\$ _____
64. Other intangibles, or intellectual property _____	\$ _____		\$ _____
65. Goodwill _____	\$ <u>2,486,422.00</u>	<u>nbv</u>	\$ <u>2,486,422.00</u>

66. Total of Part 10.

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

\$ 2,486,422.00

Debtor Restaurants Acquisition I, LLC
Name

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

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?
Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ Total face amount - _____ doubtful or uncollectible amount = → \$ _____

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

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

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

Lawsuit against RIP Bryant (Landlord) \$ 0.00

Nature of claim Contract/Lease Dispute

Amount requested \$ 100,000.00

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

See Attachment 11.75 \$ 0.00

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

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

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

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

\$ 0.00

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

- No
- Yes

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ <u>121,503.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ <u>47,962.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ <u>68,472.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ <u>0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ <u>240,004.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ <u>0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ <u>0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ <u>726,291.00</u>	
88. Real property. <i>Copy line 56, Part 9</i> →		\$ <u>3,821,670.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ <u>2,486,422.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ <u>0.00</u>	
91. Total. Add lines 80 through 90 for each column.91a.	\$ <u>3,690,654.00</u>	+ 91b. \$ <u>3,821,670.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ <u>7,512,324.00</u>

Official Form 206 A/B - Part 1**Attachment 1.3****Checking, savings, money market, or financial brokerage accounts**

Institution	Account Name	Type of Account	Last 4 digits	Balance
Bank Of America	Restaurants Acquisition I LLC Accts Payable	Zero balance disbursement	9747	\$ -
Bank Of America	Restaurants Acquisition I LLC Payroll Account	Zero balance disbursement	8847	\$ -
Bank Of America	RAI Beverage LLC	Zero balance disbursement	0232	\$ -
Bank Of America	Prufrock Belt Line Inc Optg Acct	Zero balance disbursement	8350	\$ 893.35
Bank Of America	Prufrock Belt Line Inc Replacement Acct	Zero balance disbursement	8347	\$ -
Bank Of America	Restaurants Acquisitions I LLC	Concentration	9754	\$ 109,410.50
			Cash at Financial Institutions	\$ 110,303.85
			Store General Funds (1)	\$ 11,200.00
			Total Cash	\$ 121,503.85

Note 1: Each store retains funds in a safe as a change bank.

Official Form 206A/B

Attachment 2.7

Deposits, including security deposits and utility deposits

Unit	Location	Vendor Name	Address 1	Address 2	City	State	Zip Code	Phone Number 1	Account #	Service Provided	Deposit Amount
2001	Cedar Springs	Andrews Distributing Co Of North TX	2730 Irving Blvd		Dallas	TX	75207 (214) 525-9500 Ext. 0900		3019	Alcoholic Beverages	\$ 254
2004	Dixie House	Andrews Distributing Co Of North TX	2730 Irving Blvd		Dallas	TX	75207 (214) 525-9500 Ext. 0900		0961	Alcoholic Beverages	\$ 395
2005	Camp Bowie	Andrews Distributing Co Of North TX	2730 Irving Blvd		Dallas	TX	75207 (214) 525-9500 Ext. 0900		3605	Alcoholic Beverages	\$ 122
2011	Plano	Andrews Distributing Co Of North TX	2730 Irving Blvd		Dallas	TX	75207 (214) 525-9500 Ext. 0900		1992	Alcoholic Beverages	\$ 909
2019	N. Arlington	Andrews Distributing Co Of North TX	2730 Irving Blvd		Dallas	TX	75207 (214) 525-9500 Ext. 0900		6306	Alcoholic Beverages	\$ 286
2034	Hurst	Andrews Distributing Co Of North TX	2730 Irving Blvd		Dallas	TX	75207 (214) 525-9500 Ext. 0900		6302	Alcoholic Beverages	\$ 150
2043	Town East	Andrews Distributing Co Of North TX	2730 Irving Blvd		Dallas	TX	75207 (214) 525-9500 Ext. 0900		50037	Alcoholic Beverages	\$ 146
2064	Coit	Andrews Distributing Co Of North TX	2730 Irving Blvd		Dallas	TX	75207 (214) 525-9500 Ext. 0900		50506	Alcoholic Beverages	\$ 500
2019	N. Arlington	ARLINGTON UTILITIES	PO BOX 90020		ARLINGTON	TX	76004-3020		51-0182.302	WATER & SEWAGE	\$ 1,000
2001	Cedar Springs	ATMOS Energy	PO Box 790311		St. Louis	MO	63179-0311 (800) 460-3030 Ext. 0000		3035062608	GAS	\$ 2,660
2004	Dixie House	ATMOS Energy	PO Box 790311		St. Louis	MO	63179-0311 (800) 460-3030 Ext. 0000		3035062448	GAS	\$ 2,615
2005	Camp Bowie	ATMOS Energy	PO Box 790311		St. Louis	MO	63179-0311 (800) 460-3030 Ext. 0000		3035064624	GAS	\$ 2,320
2011	Plano	ATMOS Energy	PO Box 790311		St. Louis	MO	63179-0311 (800) 460-3030 Ext. 0000		3035063018	GAS	\$ 3,445
2019	N. Arlington	ATMOS Energy	PO Box 790311		St. Louis	MO	63179-0311 (800) 460-3030 Ext. 0000		3035061869	GAS	\$ 250
2034	Hurst	ATMOS Energy	PO Box 790311		St. Louis	MO	63179-0311 (800) 460-3030 Ext. 0000		3035064893	GAS	\$ 5,875
2043	Town East	ATMOS Energy	PO Box 790311		St. Louis	MO	63179-0311 (800) 460-3030 Ext. 0000		3035063821	GAS	\$ 2,835
2064	Coit	ATMOS Energy	PO Box 790311		St. Louis	MO	63179-0311 (800) 460-3030 Ext. 0000		3035062279	GAS	\$ 3,250
2001	Cedar Springs	CITY OF DALLAS (UTILITIES)	CITY HALL, 2D SOUTH		DALLAS	TX	75277 (214) 651-1441 Ext. 0000		100367845	WATER & SEWAGE	\$ 1,100
2004	Dixie House	CITY OF DALLAS (UTILITIES)	CITY HALL, 2D SOUTH		DALLAS	TX	75277 (214) 651-1441 Ext. 0000		100367813	WATER & SEWAGE	\$ 1,500
2064	Coit	CITY OF DALLAS (UTILITIES)	CITY HALL, 2D SOUTH		DALLAS	TX	75277 (214) 651-1441 Ext. 0000		100367837	WATER & SEWAGE	\$ 850
2005	Camp Bowie	CITY OF FORT WORTH - WATER	PO BOX 961003		FORTH WORTH	TX	76161-0003 (817) 392-4477 Ext. 0000		811657-257014	WATER & SEWAGE	\$ 1,800
2015	Bellaire	CITY OF HOUSTON - WATER DEPT	PO BOX 1560		HOUSTON	TX	77251 (713) 371-1400 Ext. 0000		4327-3099-9039	WATER & SEWAGE	\$ 2,475
2027	Humble	City Of Humble Water Dept	114 West Higgins		Humble	TX	77338 (281) 446-3061 Ext. 0000		104-0044091-002	WATER & SEWAGE	\$ 800
2034	Hurst	City Of Hurst Utility Billing	Utility Billing Office	1505 Precinct Line Road	Hurst	TX	76054-3302		19302	WATER & SEWAGE	\$ 2,000
2043	Town East	City Of Mesquite Utilities	PO Box 850287		Mesquite	TX	75185-0287 (972) 216-6208 Ext. 0000		184900990-185597	WATER & SEWAGE	\$ 2,000
2117	Woodlands	Entergy	PO Box 8104		Baton Rouge	LA	70891-8104		2380517	ELECTRICITY	\$ 6,090
2117	Woodlands	Faust Distributing Co.	PO BOX 24728		Houston	TX	77229-4728 (713) 671-5200 Ext. 0000		20907	Alcoholic Beverages	\$ 500
2035	San Antonio/Fred Rd.	Glazers Halo Distributing Co.	200 Lombrano		San Antonio	TX	78207 (210) 735-1111 Ext. 0000		4004	Alcoholic Beverages	\$ 300
	Houston market account	Houston Distributing Co. Inc	7100 Highlife Dr		Houston	TX	77066 (281) 583-4800 Ext. 0000		1575	Alcoholic Beverages	\$ 1,534
										Total	\$ 47,962

Official Form 206A/B Part 8: Machinery, equipment, and vehicles 50. Other machinery, fixtures, and equipment Attachment 8.50						
	Description	Property Street Address	Property City, State, Zip	Net book value of debtor's interest	Valuation Method used for current value	Current value of debtor's interest
50.1	Restaurant	6357 Camp Bowie Blvd., #200	Ft. Worth, TX 76116	92,395	NBV	92,395
50.2	Restaurant	605 West 15th Street	Plano, TX 75075-8822	80,756	NBV	80,756
50.3	Restaurant	4211 Bellaire	Houston, TX 77025	44,551	NBV	44,551
50.4	Restaurant	1400 North Collins Street	Arlington, TX 76011	93,861	NBV	93,861
50.5	Restaurant	9710 FM 1960 Bypass	Humble, TX 77338	51,300	NBV	51,300
50.6	Restaurant	3434 FM 1092	Missouri City, TX 77459	31,461	NBV	31,461
50.7	Restaurant	6455 Phelan	Beaumont, TX 77706	110,184	NBV	110,184
50.8	Restaurant	900 Airport Freeway	Hurst, TX 76054	82,092	NBV	82,092
50.9	Restaurant	7959 Fredericksburg Road, #103	San Antonio, TX 78229	62,817	NBV	62,817
50.10	Restaurant	3825 Pavillion Court	Mesquite, TX 75150	89,829	NBV	89,829
50.11	Restaurant	7979 Belt Line Road	Dallas, TX 75240	48,424	NBV	48,424
50.12	Restaurant	1330 Lake Woodlands Drive	The Woodlands, TX 77380	29,083	NBV	29,083
50.13	Catering Office	1301 E. Corporate Dr, Suite A	Arlington, TX 76006	4,744	NBV	4,744
50.14	Corporate Office	313 E. Main St, Suite 2	Hendersonville, TN 37075	15,011	NBV	15,011
50.15	Restaurant	3857 Cedar Springs	Dallas, TX 75219	78,269	NBV	78,269
50.16	Restaurant	2675 Wilcrest	Houston, TX 77042	29,299	NBV	29,299
50.17	Restaurant	10903 Jones Road	Houston, TX 77065	35,236	NBV	35,236
50.18	Restaurant	160 West Bay Area Blvd.	Webster, TX 77598	21,955	NBV	21,955
50.19	Restaurant	3435 Belt Line Road	Garland, TX 75044	59,272	NBV	59,272
50.20	Restaurant	1905 Preston Road	Plano, TX 75093	75,636	NBV	75,636
50.21	Restaurant	6400 Gaston Avenue	Dallas, TX 75214	0	NBV	0
50.22	Restaurant	6001 Loop 820 Southwest	Ft. Worth, TX 76132	48,718	NBV	48,718
50.23	Restaurant	2420 IH 35E South	Denton, TX 76205	85,699	NBV	85,699
50.24	Restaurant	10999 Northwest Freeway	Houston, TX 77092	26,759	NBV	\$ 26,759
55.25	Restaurant	2005 FM 1960 West	Houston, TX 77090	6,283	NBV	\$ 6,283
50.26	Restaurant	410 South Mason Road	Katy, TX 77450	38,196	NBV	\$ 38,196
50.27	Restaurant	11311 Fuqua Street	Houston, TX 77089	35,180	NBV	\$ 35,180
50.28	Restaurant	1502 Corsicana Highway	Hillsboro, TX 76645	63,088	NBV	\$ 63,088
50.29	Restaurant	2861 Ridge Road, #101	Rockwall, TX 75087	64,938	NBV	\$ 64,938
50.30		Unallocated (1)		-778,743		\$ (778,743)
					Total	\$ 726,291

Note 1: Unallocated amounts are carried over from activity recorded in the accounting records of the previous ownership group. The financial statements of RAI were audited on an annual basis by the previous ownership group. The last such audit was performed for fiscal year 2007. Based on reliance on those audited financial statements and underlying Records, RAI has not eliminated the unallocated balances in these accounts.

RAI LEASE SCHEDULE

Official Form 206A/B							
Schedule A/B: Assets -- Real and Personal Property							
Part 9: Real Property							
55. Any building, other improved real estate or land which the debtor owns or in which the debtor has an interest							
Line	Description	Property Street Address	Property City, State, Zip	Nature and extent of debtor's interest in property	Net book value of debtor's interest	Valuation Method used for current value	Current value of debtor's interest
55.1	Restaurant	6357 Camp Bowie Blvd., #200	Ft. Worth, TX 76116	Lease	80,160	NBV	\$ 80,160
55.2	Restaurant	605 West 15th Street	Plano, TX 75075-8822	Lease	45,513	NBV	\$ 45,513
55.3	Restaurant	4211 Bellaire	Houston, TX 77025	Lease	69,973	NBV	\$ 69,973
55.4	Restaurant	1400 North Collins Street	Arlington, TX 76011	Lease	80,091	NBV	\$ 80,091
55.5	Restaurant	9710 FM 1960 Bypass	Humble, TX 77338	Lease	76,025	NBV	\$ 76,025
55.6	Restaurant	3434 FM 1092	Missouri City, TX 77459	Lease	81,011	NBV	\$ 81,011
55.7	Restaurant	6455 Phelan	Beaumont, TX 77706	Lease	\$ 83,672	NBV	\$ 83,672
55.8	Restaurant	900 Airport Freeway	Hurst, TX 76054	Lease	\$ 100,107	NBV	\$ 100,107
55.9	Restaurant	7959 Fredericksburg Road, #103	San Antonio, TX 78229	Lease	\$ 72,135	NBV	\$ 72,135
55.10	Restaurant	3825 Pavillion Court	Mesquite, TX 75150	Lease	\$ 114,915	NBV	\$ 114,915
55.11	Restaurant	7979 Belt Line Road	Dallas, TX 75240	Lease	\$ 17,946	NBV	\$ 17,946
55.12	Restaurant	1330 Lake Woodlands Drive	The Woodlands, TX 77380	Lease	\$ 11,058	NBV	\$ 11,058
55.13	Catering Office	1301 E. Corporate Dr, Suite A	Arlington, TX 76006	Lease	\$ -	NBV	\$ -
55.14	Corporate Office	313 E. Main St, Suite 2	Hendersonville, TN 37075	Lease	\$ -	NBV	\$ -
55.15	Restaurant	3857 Cedar Springs	Dallas, TX 75219	Lease	\$ 23,370	NBV	\$ 23,370
55.16	Restaurant	2675 Wilcrest	Houston, TX 77042	Lease	\$ 66,785	NBV	\$ 66,785
55.17	Restaurant	10903 Jones Road	Houston, TX 77065	Lease	\$ 42,604	NBV	\$ 42,604
55.18	Restaurant	160 West Bay Area Blvd.	Webster, TX 77598	Lease	\$ -	NBV	\$ -
55.19	Restaurant	3435 Belt Line Road	Garland, TX 75044	Lease	\$ 25,248	NBV	\$ 25,248
55.2	Restaurant	1905 Preston Road	Plano, TX 75093	Lease	\$ 48,970	NBV	\$ 48,970
55.21	Restaurant	6400 Gaston Avenue	Dallas, TX 75214	Lease	\$ 156,955	NBV	\$ 156,955
55.22	Restaurant	6001 Loop 820 Southwest	Ft. Worth, TX 76132	Lease	\$ 170,725	NBV	\$ 170,725
55.23	Restaurant	2420 IH 35E South	Denton, TX 76205	Lease	\$ 5,095	NBV	\$ 5,095
55.24	Restaurant	10999 Northwest Freeway	Houston, TX 77092	Lease	\$ 49,006	NBV	\$ 49,006
55.25	Restaurant	2005 FM 1960 West	Houston, TX 77090	Lease	\$ -	NBV	\$ -
55.26	Restaurant	410 South Mason Road	Katy, TX 77450	Lease	\$ 50,382	NBV	\$ 50,382
55.27	Restaurant	11311 Fuqua Street	Houston, TX 77089	Lease	\$ 59,324	NBV	\$ 59,324
55.28	Restaurant	1502 Corsicana Highway	Hillsboro, TX 76645	Lease	\$ 18,657	NBV	\$ 18,657
55.29	Restaurant	2861 Ridge Road, #101	Rockwall, TX 75087	Lease	\$ 43,111	NBV	\$ 43,111
55.3		Unallocated (1)			\$ 2,228,831		\$ 2,228,831
						Total	\$ 3,821,670
		Note 1: Unallocated amounts are carried over from activity recorded in the accounting records of the previous ownership group.					
		The financial statements of RAI were audited on an annual basis by the previous ownership group. The last such audit					
		was performed for fiscal year 2007. Based on reliance on those audited financial statements and underlying					
		Records, RAI has not eliminated the unallocated balances in these accounts.					

ATTACHMENT 11.75

**OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OR CAUSES
OF ACTION OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE
DEBTOR AND RIGHTS TO SET OFF CLAIMS**

1. Rights under Termination of Lease Agreement dated 8/28/14 with
Supra Color Enterprises, Inc. \$0.00

Nature of claim: Option

Amount requested: \$1,800,000.00

2. Unrecoverable reimbursement from Texas Pea LLC \$0.00

Nature of claim Contingent payroll reimbursement

Amount requested \$645,135.00

Fill in this information to identify the case:

Debtor name Restaurants Acquisition I, LLC
 United States Bankruptcy Court for the: _____ District of Delaware
 (State)
 Case number (if known): 15-12406 (KG)

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

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

Part 1: List Creditors Who Have Secured Claims

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

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

2.1	<p>Creditor's name <u>CNL Financial Group</u></p> <p>Creditor's mailing address <u>450 S. Orange AV</u> <u>Orlando, FL 32801-3336</u></p> <p>Creditor's email address, if known <u>mike.tetrick@cnl.com</u></p> <p>Date debt was incurred <u>12/28/2008</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. <u>1. CNL Financial;</u> <u>2. American Express; 3. State of Texas; 4. Internal Revenues Service</u></p>	<p>Describe debtor's property that is subject to a lien <u>All real property, personal property and fixtures in which Debtor has an interest</u></p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>3,128,323.18</u></p> <p>\$ <u>Unknown</u></p>
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2.2	<p>Creditor's name <u>American Express Bank, FSB</u></p> <p>Creditor's mailing address <u>4315 South 2700 West</u> <u>Salt Lake City, UT 84184</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>5/15/2015</u></p> <p>Last 4 digits of account number <u>0 5 0 0</u></p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2_1</u></p>	<p>Describe debtor's property that is subject to a lien <u>All assets of the Debtor whether now owned or hereafter acquired or arising</u></p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>851,520.99</u></p> <p>\$ <u>Unknown</u></p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 5,900,180.36

Part 1:

Additional Page

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

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

2. 3 Creditor's name Texas Comptroller of Public Accounts Describe debtor's property that is subject to a lien All property owned by Debtor

111 E. 17th St. \$ 966,348.19 \$ Unknown
Austin, TX 78774-0100

Creditor's mailing address

Creditor's email address, if known _____

Date debt was incurred 05/01/2002 - 12/31/2005

Last 4 digits of account number 7 6 1 4

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines 2.1

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

2. 4 Creditor's name Department of the Treasury, Internal Revenue Service Describe debtor's property that is subject to a lien All property and rights to property belonging to Debtor

PO Box 7346 \$ 953,988.00 \$ Unknown
Philadelphia, PA 19101

Creditor's mailing address

Creditor's email address, if known _____

Date debt was incurred 12/31/14 and 3/31/15

Last 4 digits of account number _____

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines 2.1

Is the creditor an insider or related party?
 No
 Yes

Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:
 Check all that apply.
 Contingent
 Unliquidated
 Disputed

Debtor Restaurants Acquisition I, LLC
Name

Case number (if known) 15-12406 (KG)

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

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

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

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

Debtor Restaurants Acquisition I, LLC
 United States Bankruptcy Court for the: _____ District of Delaware
 (State)
 Case number 15-12406
 (if known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

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

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

	Total claim	Priority amount
<p>2.1 Priority creditor's name and mailing address</p> <p><u>ADEYANKINNU, RICHARD O</u> <u>935 SIMON DRIVE</u> <u>CEDAR HILL, TX 75104</u></p> <p>Date or dates debt was incurred <u>11/9/15 - 11/29/15</u></p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: \$ <u>752.57</u></p> <p><i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>752.57</u></p>

<p>2.2 Priority creditor's name and mailing address</p> <p><u>AGUILAR, REFUGIO J</u> <u>619 Keith #21</u> <u>Pasadena, TX 77504</u></p> <p>Date or dates debt was incurred <u>11/9/15 - 11/29/15</u></p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: \$ <u>86.40</u></p> <p><i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>86.40</u></p>
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<p>2.3 Priority creditor's name and mailing address</p> <p><u>AGUILERA, JOSE B</u> <u>11403 GREENGLADE</u> <u>HOUSTON, TX 77099</u></p> <p>Date or dates debt was incurred <u>11/9/15 - 11/29/15</u></p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: \$ <u>584.87</u></p> <p><i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>584.87</u></p>
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Part 1. Additional Page

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

Total claim

Priority amount

2.4 Priority creditor's name and mailing address

\$ 1,458.76

\$ 1,458.76

Albert Uresti, CPA, RTA Bexar County Tax Assessor-
Collector
PO BOX 2903
SAN ANTONIO, TX 78299-2903

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Date or dates debt was incurred

2015

Basis for the claim:

Taxes

Last 4 digits of account

number 0045

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)

2.5 Priority creditor's name and mailing address

\$ 270.90

\$ 270.90

ALEXANDER, VICTORIA L
7051 CLARKRIDGE, #9108
DUNCANVILLE, TX 75236

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Date or dates debt was incurred

11/9/15 - 11/29/15

Basis for the claim:

Wages

Last 4 digits of account

number

Is the claim subject to offset?

- No
- Yes

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

2.6 Priority creditor's name and mailing address

\$ 1,359.42

\$ 1,359.42

ALEXANDER, WAYNE A
3400 JOYCE LANE, APT 166
DENTON, TX 76207

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Date or dates debt was incurred

11/9/15 - 11/29/15

Basis for the claim:

Wages

Last 4 digits of account

number

Is the claim subject to offset?

- No
- Yes

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

2.7 Priority creditor's name and mailing address

\$ 788.73

\$ 788.73

ALFARO, HECTOR A
10678 MAYFIELD RD
HOUSTON, TX 77043

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Date or dates debt was incurred

11/9/15 - 11/29/15

Basis for the claim:

Wages

Last 4 digits of account

number

Is the claim subject to offset?

- No
- Yes

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

Part 1. Additional Page

		Total claim	Priority amount
2.8	Priority creditor's name and mailing address	\$ 497.64	\$ 497.64
<p>ALIEF ISD PO Box 368 Alief, TX 77411</p> <p>Date or dates debt was incurred 2015</p> <p>Last 4 digits of account number 4191</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Taxes</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.9	Priority creditor's name and mailing address	\$ 923.84	\$ 923.84
<p>ALVARADO, DORILA 3914 MARYWOOD DR. SPRING, TX 77388</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.10	Priority creditor's name and mailing address	\$ 49.30	\$ 49.30
<p>ANDERSON, KYLE D 17033 BUTTE CREEK, APT 310 HOUSTON, TX 77090</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.11	Priority creditor's name and mailing address	\$ 1,037.70	\$ 1,037.70
<p>ARANDA, ELEUTERIO V 7518 WOODSMAN TRAIL HOUSTON, TX 77040</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

Part 1.

Additional Page

	Total claim	Priority amount
2.12 Priority creditor's name and mailing address BAHENA, MARTIN 4802 STALLCUP DRIVE MESQUITE, TX 75150 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$ 1,780.85	\$ 1,780.85
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Wages		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.13 Priority creditor's name and mailing address BENITEZ, LUCIA 3914 MARY WOOD DR SPRING HOUSTON, TX 77388 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 647.36	\$ 647.36
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Wages		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.14 Priority creditor's name and mailing address BENITEZ, MAURA 3914 MARYWOOD DRIVE SPRING, TX 77358 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 711.03	\$ 711.03
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Wages		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.15 Priority creditor's name and mailing address BENSON, CHASMERE P 1616 HIGH POINTE CEDAR HILL, TX 75104 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 306.76	\$ 306.76
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Wages		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Part 1. Additional Page

	Total claim	Priority amount
2.16 Priority creditor's name and mailing address BILLIZONE, INEZ L 1600 ALLEN DR CEDAR HILL, TX 75104 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 428.66	\$ 428.66
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
2.17 Priority creditor's name and mailing address BLAIR, KERDONNA S 9502 BARRETT'S GLEN CT. HOUSTON, TX 77065 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 123.12	\$ 123.12
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
2.18 Priority creditor's name and mailing address Boneau, Matthew 1909 RUSTIC DRIVE PLANO, TX 75075-6659 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 138.69	\$ 138.69
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
2.19 Priority creditor's name and mailing address Bouldin, Bernice 18383 Gallery Drive, Apt. # 2110 Dallas, TX 75252-7906 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 1,024.94	\$ 1,024.94
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

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	Total claim	Priority amount
<p>2.20 Priority creditor's name and mailing address</p> <p>BREADY, EMILY K 200 S BONNIE BRAY ST, #10105 DENTON, TX 76201</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>	<p>\$ 193.47</p>	<p>\$ 193.47</p>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>2.21 Priority creditor's name and mailing address</p> <p>BRUCE, ALANAH N 501 LONDONDERRY, #34 DENTON, TX 76205</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>	<p>\$ 235.31</p>	<p>\$ 235.31</p>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>2.22 Priority creditor's name and mailing address</p> <p>BUENROSTRO, GABRIELA 3721 TOWNE CROSSING BLVD, APT 2109 MESQUITE, TX 75150</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>	<p>\$ 297.22</p>	<p>\$ 297.22</p>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>2.23 Priority creditor's name and mailing address</p> <p>BUSBY, DAVID T 807 ABBOTT AVE, #1003 HILLSBORO, TX 76645</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>	<p>\$ 64.88</p>	<p>\$ 64.88</p>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

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	Total claim	Priority amount
2.24 Priority creditor's name and mailing address BUSTAMANTE, YENNY 5935 SPRUCE FOREST DR HOUSTON, TX 77092 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 1,699.10	\$ 1,699.10
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
2.25 Priority creditor's name and mailing address CALCAGNO, AMY L 1722 MARYVALE DR KATY, TX 77494 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 349.61	\$ 349.61
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
2.26 Priority creditor's name and mailing address CAMACHO, ASHLEY A 6969 HOLLISTER, #811 HOUSTON, TX 77040 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 182.72	\$ 182.72
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
2.27 Priority creditor's name and mailing address CAPELO, PRISCILLA U 7311 TALL PINES DRIVE HOUSTON, TX 77088 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 847.68	\$ 847.68
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

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		Total claim	Priority amount
2.28	Priority creditor's name and mailing address	\$ 487.40	\$ 487.40
CASTELLANOS, FIDEL 638 ASBURY PARK GARLAND, TX 75043		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.29	Priority creditor's name and mailing address	\$ 147.52	\$ 147.52
CASTILLO, BERNON 1224 E HICKORY ST, APT 1411 DENTON, TX 76205		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.30	Priority creditor's name and mailing address	\$ 517.93	\$ 517.93
CCISD - Dept. 85 PO Box 730224 Dallas, TX 75373		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number 5074		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)			
2.31	Priority creditor's name and mailing address	\$ 399.00	\$ 399.00
CHADWELL, MARY E 11707 FALLBROOK DR, #6101 HOUSTON, TX 77065		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			

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		Total claim	Priority amount
2.32	Priority creditor's name and mailing address	\$ 101.19	\$ 101.19
CHEATHAM, BOBBY L 1706 MEADOW WOOD DR DUNCANVILLE, TX 75137 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.33	Priority creditor's name and mailing address	\$ 394.44	\$ 394.44
City Of Garland, Carol Clark, RTA PO BOX 461508 Garland, TX 75046-1508 Date or dates debt was incurred 2015 Last 4 digits of account number 8600 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.34	Priority creditor's name and mailing address	\$ 8,722.38	\$ 8,722.38
City Of Garland, Carol Clark, RTA PO BOX 461508 Garland, TX 75046-1508 Date or dates debt was incurred 2015 Last 4 digits of account number 0000 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.35	Priority creditor's name and mailing address	\$ 268.25	\$ 268.25
COMINSKY, CODY S 2515 LOUIS ST, # 4 DENTON, TX 76201 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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		Total claim	Priority amount
2.36	Priority creditor's name and mailing address	\$ 1,081.78	\$ 1,081.78
County Of Montgomery, J.R. Moore, Jr. Tax Assessor-Collector J.R. Moore Jr. Tax Assessor Montgomery County HOUSTON, TX 77210-4798		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number 2856		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.37	Priority creditor's name and mailing address	\$ 31,297.32	\$ 31,297.32
County Of Montgomery, J.R. Moore, Jr. Tax Assessor-Collector J.R. Moore Jr. Tax Assessor Montgomery County HOUSTON, TX 77210-4798		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number 2033		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)			
2.38	Priority creditor's name and mailing address	\$ 758.64	\$ 758.64
CRUZ, MARIA 1520 NOVEL COURT GARLAND, TX 75040		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.39	Priority creditor's name and mailing address	\$ 154.50	\$ 154.50
CUAPIO, LAZARO 7050 ILEX STREET HOUSTON, TX 77087		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			

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		Total claim	Priority amount
2.40	Priority creditor's name and mailing address	\$ 250.41	\$ 250.41
CUTLER, SAMANTHA L 118 N WOOD ST DENTON, TX 76205 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.41	Priority creditor's name and mailing address	\$ 546.41	\$ 546.41
David Piwonka Cypress-Fairbanks ISD Tax Assessor-Collector PO BOX 203908 HOUSTON, TX 77216 Date or dates debt was incurred 2015 Last 4 digits of account number 4587 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.42	Priority creditor's name and mailing address	\$ 237.91	\$ 237.91
DAVIS, ASHTON 209 OAK MEADOW LANE CEDAR HILL, TX 75106 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.43	Priority creditor's name and mailing address	\$ 846.45	\$ 846.45
DELGADILLO, KARLA D 6025 GOLDENROD DENTON, TX 76208 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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	Total claim	Priority amount
<p>2.44 Priority creditor's name and mailing address</p> <p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </p> <p> As of the petition filing date, the claim is: Check all that apply. </p> <p> DOMINQUEZ, ARTURO P 2714 RIO GRANDE PASS MESQUITE, TX 75150 </p> <p> Date or dates debt was incurred 11/9/15 - 11/29/15 </p> <p> Last 4 digits of account number _____ </p> <p> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4) </p>	\$ 268.56	\$ 268.56
<p> Basis for the claim: Wages </p> <p> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes </p>		
<p>2.45 Priority creditor's name and mailing address</p> <p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </p> <p> As of the petition filing date, the claim is: Check all that apply. </p> <p> DRAPER, LARRY 601 E ASH LANE, #7208 EULESS, TX 76039 </p> <p> Date or dates debt was incurred 11/9/15 - 11/29/15 </p> <p> Last 4 digits of account number _____ </p> <p> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4) </p>	\$ 649.90	\$ 649.90
<p> Basis for the claim: Wages </p> <p> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes </p>		
<p>2.46 Priority creditor's name and mailing address</p> <p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </p> <p> As of the petition filing date, the claim is: Check all that apply. </p> <p> DRUM, JACOB L 1941 COLORADO BLVD, APT B DENTON, TX 76205 </p> <p> Date or dates debt was incurred 11/9/15 - 11/29/15 </p> <p> Last 4 digits of account number _____ </p> <p> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4) </p>	\$ 273.92	\$ 273.92
<p> Basis for the claim: Wages </p> <p> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes </p>		
<p>2.47 Priority creditor's name and mailing address</p> <p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </p> <p> As of the petition filing date, the claim is: Check all that apply. </p> <p> EVENSON, NATALIE S 4716 KYLE DR BALCH SPRINGS, TX 75180 </p> <p> Date or dates debt was incurred 11/9/15 - 11/29/15 </p> <p> Last 4 digits of account number _____ </p> <p> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4) </p>	\$ 128.14	\$ 128.14
<p> Basis for the claim: Wages </p> <p> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes </p>		

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		Total claim	Priority amount
2.48	Priority creditor's name and mailing address	\$ 217.78	\$ 217.78
FAULKNER, ANDREW C 1013 RALEIGH PATH DENTON, TX 76208 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.49	Priority creditor's name and mailing address	\$ 172.92	\$ 172.92
FIGUEROA, NAZARIO ROMAN 8603 NORTON HOUSTON, TX 77080 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.50	Priority creditor's name and mailing address	\$ 500.89	\$ 500.89
FRAIRE, MARIA G 1221 CASTLE DRIVE, APT 105 GARLAND, TX 75040 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.51	Priority creditor's name and mailing address	\$ 110.77	\$ 110.77
FREUND, MATTHEW T 1105 PALOVERDE DR DENTON, TX 76210 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Restaurants Acquisition I, LLC
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	Total claim	Priority amount
2.52 Priority creditor's name and mailing address FULLEN, TOBY S PO BOX 52 MAYPEARL, TX 76064 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ <u>96.27</u>	\$ <u>96.27</u>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

2.53 Priority creditor's name and mailing address GAITAN, MARIAH C 1403 GRAND VALLEY DR HOUSTON, TX 77090 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ <u>175.24</u>	\$ <u>175.24</u>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

2.54 Priority creditor's name and mailing address GALLARDO, JOSE M 10414 SUTTER GLEN LN HOUSTON, TX 77075 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ <u>92.00</u>	\$ <u>92.00</u>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

2.55 Priority creditor's name and mailing address GALVAN, VENUSTIANO F 15414 SELLERS APT 13 HOUSTON, TX 77060 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ <u>749.39</u>	\$ <u>749.39</u>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

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		Total claim	Priority amount
2.56	Priority creditor's name and mailing address	\$ 175.80	\$ 175.80
<p>GAMEZ, WILLIAM 20914 OAK RAIN CT KATY, TX 77449</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.57	Priority creditor's name and mailing address	\$ 74.84	\$ 74.84
<p>GARCIA, CHARLES A 20303 HIDDEN POINT LN RICHMOND, TX 77407</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.58	Priority creditor's name and mailing address	\$ 757.58	\$ 757.58
<p>Garland Independent School District PO BOX 461407 Garland, TX 75046-1407</p> <p>Date or dates debt was incurred 2015</p> <p>Last 4 digits of account number 8600</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Taxes</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.59	Priority creditor's name and mailing address	\$ 16,752.77	\$ 16,752.77
<p>Garland Independent School District PO BOX 461407 Garland, TX 75046-1407</p> <p>Date or dates debt was incurred 2015</p> <p>Last 4 digits of account number 0000</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Taxes</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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	Total claim	Priority amount
2.60 Priority creditor's name and mailing address	\$ 2,444.53	\$ 2,444.53
_____ _____ _____ Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.61 Priority creditor's name and mailing address	\$ 101.69	\$ 101.69
_____ _____ _____ Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.62 Priority creditor's name and mailing address	\$ 116.70	\$ 116.70
_____ _____ _____ Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.63 Priority creditor's name and mailing address	\$ 97.92	\$ 97.92
_____ _____ _____ Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 1. Additional Page

	Total claim	Priority amount
2.64 Priority creditor's name and mailing address	\$ 83.80	\$ 83.80
GRANT, BRANDON T 4719 NORTH GALLOWAY, #201 MESQUITE, TX 75150	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.65 Priority creditor's name and mailing address	\$ 704.88	\$ 704.88
GREEN, JIMMY L 813 WOLF TRAIL DESOTO, TX 75115	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.66 Priority creditor's name and mailing address	\$ 876.23	\$ 876.23
GUEVARA, BERTA F 16235 Villaret Houston, TX 77083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.67 Priority creditor's name and mailing address	\$ 1,391.78	\$ 1,391.78
GUEVARA, MAGDALENO 3235 ZEPHYR GLEN WAY HOUSTON, TX 77084-7095	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		

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	Total claim	Priority amount
2.68 Priority creditor's name and mailing address	\$ 82.50	\$ 82.50
GUEVARA, YESENIA E 3235 ZEPHYR GLEN WAY HOUSTON, TX 77084	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.69 Priority creditor's name and mailing address	\$ 54.46	\$ 54.46
GUINN, HEATHER A 3505 MUSTANG DRIVE DENTON, TX 76210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.70 Priority creditor's name and mailing address	\$ 190.43	\$ 190.43
GUTIERREZ, ARGEL M 917 WILDERNESS PASS CEDAR HILL, TX 75104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.71 Priority creditor's name and mailing address	\$ 88.00	\$ 88.00
GUTIERREZ, MARIA E 1410 CHRISTINE HOUSTON, TX 77017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		

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		Total claim	Priority amount
2.72	Priority creditor's name and mailing address	\$ 143.92	\$ 143.92
HALL, CONOR A 21619 PARK ROCK LAN KATY, TX 77450 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.73	Priority creditor's name and mailing address	\$ 11.72	\$ 11.72
HAMPTON, SANDRA J 6834 HEATHER HOLLOW KATY, TX 77449 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.74	Priority creditor's name and mailing address	\$ 86.61	\$ 86.61
HARRIS, TANISHA L 1043 S. BRYAN STREET MESQUITE, TX 75149 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.75	Priority creditor's name and mailing address	\$ 110.04	\$ 110.04
HC MUD #170, Barbara Wheeler, Tax A/C Barbara Wheeler, Tax Acct., PO BOX 4383 Houston, TX 77210 Date or dates debt was incurred 2015 Last 4 digits of account number 4587 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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	Total claim	Priority amount
2.76 Priority creditor's name and mailing address	\$ 59.52	\$ 59.52
HECHT, LAUREN K 641 N TOWN E BLVD, #221 MESQUITE, TX 75150	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.77 Priority creditor's name and mailing address	\$ 728.99	\$ 728.99
HERNANDEZ, MARTINA M 15915 KUYKENDAHL ROAD, APT 1606 HOUSTON, TX 77068-3325	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.78 Priority creditor's name and mailing address	\$ 54.39	\$ 54.39
HESTER, HOLLY M 1721 WHEATFIELD DR MESQUITE, TX 75149	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.79 Priority creditor's name and mailing address	\$ 367.60	\$ 367.60
Hill CAD Tax Collections, Marchel M. Eubank Tax A/C PO BOX 416 Hillsboro, TX 76645	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015	Basis for the claim: Taxes	
Last 4 digits of account number 8289	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		

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	Total claim	Priority amount
2.80 Priority creditor's name and mailing address Hill CAD Tax Collections, Mike McKibben Tax Assessor-Collector PO BOX 416 Hillsboro, TX 76645 Date or dates debt was incurred: 2015 Last 4 digits of account number: 6072 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)	\$ 1,254.04	\$ 1,254.04
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Taxes		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

2.81 Priority creditor's name and mailing address HOBALLAH, SAMIR H 2201 HAYES ROAD, APT 3901 HOUSTON, TX 77077 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 323.70	\$ 323.70
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Wages		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

2.82 Priority creditor's name and mailing address Humble ISD, Janice P. Himpele Janice P. Himpele, PO BOX 4020 HOUSTON, TX 77210 Date or dates debt was incurred: 2015 Last 4 digits of account number: 4596 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)	\$ 764.62	\$ 764.62
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Taxes		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

2.83 Priority creditor's name and mailing address HURST, JEFFREY L 712 THOMAS STREET DENTON, TX 76201 Date or dates debt was incurred: 11/9/15 - 11/29/15 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 915.76	\$ 915.76
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Wages		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

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	Total claim	Priority amount
2.84 Priority creditor's name and mailing address	\$ 94.98	\$ 94.98
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
<p>HUTCHINS, CHRISTOPHER C 6900 TRADONNA LANE N RICHLAND HILLS, TX 76182</p>		
<p>Date or dates debt was incurred 11/9/15 - 11/29/15</p>		
<p>Basis for the claim: Wages</p>		
<p>Last 4 digits of account number _____</p>		
<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		
2.85 Priority creditor's name and mailing address	\$ 148.53	\$ 148.53
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
<p>JACKSON, PAMELA E 1615 JOHN WEST ROAD, APT 1114 DALLAS, TX 75228</p>		
<p>Date or dates debt was incurred 11/9/15 - 11/29/15</p>		
<p>Basis for the claim: Wages</p>		
<p>Last 4 digits of account number _____</p>		
<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		
2.86 Priority creditor's name and mailing address	\$ 787.30	\$ 787.30
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
<p>JAMES, BRANDON L 526 DENTON STREET DENTON, TX 76201</p>		
<p>Date or dates debt was incurred 11/9/15 - 11/29/15</p>		
<p>Basis for the claim: Wages</p>		
<p>Last 4 digits of account number _____</p>		
<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		
2.87 Priority creditor's name and mailing address	\$ 1,731.36	\$ 1,731.36
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>		
<p>Jefferson County Tax Office PO Box 2112 Beaumont, TX 77704</p>		
<p>Date or dates debt was incurred 2015</p>		
<p>Basis for the claim: Taxes</p>		
<p>Last 4 digits of account number 2434</p>		
<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</p>		

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	Total claim	Priority amount
2.88 Priority creditor's name and mailing address	\$ 1,997.70	\$ 1,997.70
John R. Ames Tax Assessor-Collector 500 ELM STREET DALLAS, TX 75202-3504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015	Basis for the claim: Taxes	
Last 4 digits of account number 7200	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		
2.89 Priority creditor's name and mailing address	\$ 1,659.35	\$ 1,659.35
John R. Ames Tax Assessor-Collector 500 ELM STREET DALLAS, TX 75202-3504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015	Basis for the claim: Taxes	
Last 4 digits of account number 4550	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		
2.90 Priority creditor's name and mailing address	\$ 371.01	\$ 371.01
John R. Ames Tax Assessor-Collector 500 ELM STREET DALLAS, TX 75202-3504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015	Basis for the claim: Taxes	
Last 4 digits of account number 8600	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		
2.91 Priority creditor's name and mailing address	\$ 8,204.31	\$ 8,204.31
John R. Ames Tax Assessor-Collector 500 ELM STREET DALLAS, TX 75202-3504	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015	Basis for the claim: Taxes	
Last 4 digits of account number 0000	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		

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	Total claim	Priority amount
2.92 Priority creditor's name and mailing address	\$ 461.01	\$ 461.01
John R. Ames Tax Assessor-Collector 500 ELM STREET DALLAS, TX 75202-3504 Date or dates debt was incurred 2015 Last 4 digits of account number 1850 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.93 Priority creditor's name and mailing address	\$ 8,284.38	\$ 8,284.38
John R. Ames Tax Assessor-Collector 500 ELM STREET DALLAS, TX 75202-3504 Date or dates debt was incurred 2015 Last 4 digits of account number 0000 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.94 Priority creditor's name and mailing address	\$ 869.12	\$ 869.12
John R. Ames Tax Assessor-Collector 500 ELM STREET DALLAS, TX 75202-3504 Date or dates debt was incurred 2015 Last 4 digits of account number 2600 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.95 Priority creditor's name and mailing address	\$ 21.94	\$ 21.94
JOHNSON, KIMBERLY M. 17219 FALLONS NEST LANDING DR HOCKLEY, TX 77447 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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	Total claim	Priority amount
2.96 Priority creditor's name and mailing address	\$ 100.63	\$ 100.63
KASMUSSEN, CHELSEA A 1109 AMERICANA LN, # 11305 MESQUITE, TX 75150	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.97 Priority creditor's name and mailing address	\$ 97.54	\$ 97.54
KELLEY, KATHRYN 300 EAST TEMPLE ST KAUFMAN, TX 75142	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.98 Priority creditor's name and mailing address	\$ 1,505.60	\$ 1,505.60
Kenneth L Maun-Tax Assessor Collector-Collin County Tax Assessor-Collin Cnty, PO Box 8046 McKinney, TX 75070-8046	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015	Basis for the claim: Taxes	
Last 4 digits of account number 9691	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		
2.99 Priority creditor's name and mailing address	\$ 26,628.09	\$ 26,628.09
Kenneth L Maun-Tax Assessor Collector-Collin County Tax Assessor-Collin Cnty, PO Box 8046 McKinney, TX 75070-8046	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2014- 2015	Basis for the claim: Taxes	
Last 4 digits of account number 0611	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		

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		Total claim	Priority amount
2.100	Priority creditor's name and mailing address	\$ 1,594.06	\$ 1,594.06
Kenneth L Maun-Tax Assessor Collector-Collin County Tax Assessor-Collin Cnty, PO Box 8046 McKinney, TX 75070-8046		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number 6891		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.101	Priority creditor's name and mailing address	\$ 36,722.76	\$ 36,722.76
Kenneth L Maun-Tax Assessor Collector-Collin County Tax Assessor-Collin Cnty, PO Box 8046 McKinney, TX 75070-8046		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number 0901		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)			
2.102	Priority creditor's name and mailing address	\$ 75.97	\$ 75.97
KING, TREY B 637 TOWNEAST BLVD, #421 MESQUITE, TX 75150		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.103	Priority creditor's name and mailing address	\$ 332.91	\$ 332.91
KIRKWOOD, THENORRIS J 3226 PERSIMMON RD, #1085 DALLAS, TX 75211		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			

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	Total claim	Priority amount
2.104 Priority creditor's name and mailing address	\$ 210.18	\$ 210.18
KITTLESON, JOHN C 1111 FANNIN ST, # D DENTON, TX 76209 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.105 Priority creditor's name and mailing address	\$ 156.40	\$ 156.40
LOPEZ, JUSTIN L 19323 SPANISH NEEDLE DR HOUSTON, TX 77084-4345 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.106 Priority creditor's name and mailing address	\$ 554.58	\$ 554.58
LOPEZ, NANCY 21026 TERRACE VIEW KATY, TX 77449 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.107 Priority creditor's name and mailing address	\$ 64.00	\$ 64.00
LOPEZ, VIRGINIA A 3101 SPENCER HWY, APT 29 PASADENA, TX 77504 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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	Total claim	Priority amount
2.108 Priority creditor's name and mailing address	\$ 226.96	\$ 226.96
LOPEZ, YURI 7102 WOODSMAN TRAIL HOUSTON, TX 77040 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.109 Priority creditor's name and mailing address	\$ 1,792.97	\$ 1,792.97
LOTT, STEFEN S 500 INMAN ST, APT 100 DENTON, TX 76205 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.110 Priority creditor's name and mailing address	\$ 72.12	\$ 72.12
LUCAS, ANTHONY 716 LAKESIDE DR MESQUITE, TX 75149 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.111 Priority creditor's name and mailing address	\$ 679.28	\$ 679.28
LUCE, TYLER T 2700 COLORADO BLVD DENTON, TX 76210 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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		Total claim	Priority amount
2.112	Priority creditor's name and mailing address	\$ 708.11	\$ 708.11
LYONS, KYLE J 400 HOLLYHILL DENTON, TX 76205 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.113	Priority creditor's name and mailing address	\$ 1,239.30	\$ 1,239.30
Marien, Quentin 5342 RANDON ROAD HOUSTON, TX 77091-5014 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.114	Priority creditor's name and mailing address	\$ 395.49	\$ 395.49
MARTIN, WILLIAM H 13959 SKY FROST DR DALLAS, TX 75253 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.115	Priority creditor's name and mailing address	\$ 109.73	\$ 109.73
MARTINEZ, ANDRES RIOS 8330 WILLOW PLACE DR S, #505 HOUSTON, TX 77070 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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	Total claim	Priority amount
2.116 Priority creditor's name and mailing address	\$ 2,705.52	\$ 2,705.52
MARTINEZ, JESUS ALBERTO 2012 Grenoble Dr Carrollton, TX 75007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.117 Priority creditor's name and mailing address	\$ 926.79	\$ 926.79
MARTINEZ, MARIA A 7418 TREMENDO DR HOUSTON, TX 77083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.118 Priority creditor's name and mailing address	\$ 336.44	\$ 336.44
MARTINEZ, MARISELA 10441 KINGSLOW DR DALLAS, TX 75217	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.119 Priority creditor's name and mailing address	\$ 342.96	\$ 342.96
MASON, PENNY I 5108 BELLEFONTAINE DR ARLINGTON, TX 76017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		

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	Total claim	Priority amount
2.120 Priority creditor's name and mailing address	\$ 102.20	\$ 102.20
MCCOY, MASON T 1731 CORDOVA DR MESQUITE, TX 75040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.121 Priority creditor's name and mailing address	\$ 174.70	\$ 174.70
MCCRARY, RANDAL S 11826 STONEBRIDGE DRIVE HOUSTON, TX 77064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.122 Priority creditor's name and mailing address	\$ 101.88	\$ 101.88
MELGOZA, ALEXANDRO M 5301 E. MCKINNEY ST, LOT 132 DENTON, TX 76208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.123 Priority creditor's name and mailing address	\$ 1,634.87	\$ 1,634.87
MENDEZ, ARMANDO F 3750 POCKRUS PAGE ROAD, APT 93 DENTON, TX 76208	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		

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		Total claim	Priority amount
2.124	Priority creditor's name and mailing address	\$ 273.78	\$ 273.78
<p>MENDOZA, ADAN 10505 CHECOTA DRIVE DALLAS, TX 75217</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.125	Priority creditor's name and mailing address	\$ 175.30	\$ 175.30
<p>MENDOZA, JACOB R 2700 COLORADO BLVD, APT 1011 DENTON, TX 76210</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.126	Priority creditor's name and mailing address	\$ 1,194.90	\$ 1,194.90
<p>MENDOZA, MELESIO 3233 MANGUM ROAD, #161 HOUSTON, TX 77092</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.127	Priority creditor's name and mailing address	\$ 1,425.98	\$ 1,425.98
<p>Mesquite Tax Fund 1012 Ridgeview St Mesquite, TX 75149</p> <p>Date or dates debt was incurred 2015</p> <p>Last 4 digits of account number 1850</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Taxes</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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	Total claim	Priority amount
2.128 Priority creditor's name and mailing address Mesquite Tax Fund 1012 Ridgeview St Mesquite, TX 75149 Date or dates debt was incurred 2015 Last 4 digits of account number 0000 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)	\$ 25,625.00	\$ 25,625.00
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Taxes		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.129 Priority creditor's name and mailing address MEYER, CHARLA 7700 Willow Chase Blvd, Apt. 923 Houston, TX 77070 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 280.60	\$ 280.60
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Wages		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.130 Priority creditor's name and mailing address Michelle French, Denton County Tax Assessor/Collector land only DENTON COUNTY ASSESSOR COLLECTOR DENTON, TX 76202 Date or dates debt was incurred 2015 Last 4 digits of account number 5DEN Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	\$ 1,325.44	\$ 1,325.44
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Taxes		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.131 Priority creditor's name and mailing address Mike Sullivan Tax Assessor PO BOX 4576 HOUSTON, TX 77210-4576 Date or dates debt was incurred 2015 Last 4 digits of account number 0008 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)	\$ 17,137.22	\$ 17,137.22
As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Basis for the claim: Taxes		
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

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		Total claim	Priority amount
2.132	Priority creditor's name and mailing address	\$ 1,140.80	\$ 1,140.80
Mike Sullivan, CPA RTA PO BOX 4576 HOUSTON, TX 77210-4576		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number 4578		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.133	Priority creditor's name and mailing address	\$ 119,970.49	\$ 119,970.49
Mike Sullivan, CPA RTA PO BOX 4576 HOUSTON, TX 77210-4576		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)			
2.134	Priority creditor's name and mailing address	\$ 21.61	\$ 21.61
Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number 0000		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.135	Priority creditor's name and mailing address	\$ 1,854.72	\$ 1,854.72
Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2014 - 2015		Basis for the claim: Taxes	
Last 4 digits of account number 0000		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)			

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		Total claim	Priority amount
2.136	Priority creditor's name and mailing address	\$ 520.37	\$ 520.37
<p>Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred 2015</p>		<p>Basis for the claim: Taxes</p>	
<p>Last 4 digits of account number 4191</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			
2.137	Priority creditor's name and mailing address	\$ 381.35	\$ 381.35
<p>Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred 2014 - 2015</p>		<p>Basis for the claim: Taxes</p>	
<p>Last 4 digits of account number 4587</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</p>			
2.138	Priority creditor's name and mailing address	\$ 327.29	\$ 327.29
<p>Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred 2015</p>		<p>Basis for the claim: Taxes</p>	
<p>Last 4 digits of account number 5073</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			
2.139	Priority creditor's name and mailing address	\$ 474.53	\$ 474.53
<p>Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred 2015</p>		<p>Basis for the claim: Taxes</p>	
<p>Last 4 digits of account number 4596</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</p>			

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		Total claim	Priority amount
2.140	Priority creditor's name and mailing address	\$ 875.78	\$ 875.78
<p>Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred 2015</p>		<p>Basis for the claim: Taxes</p>	
<p>Last 4 digits of account number 4590</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			
2.141	Priority creditor's name and mailing address	\$ 882.43	\$ 882.43
<p>Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred 2014 - 2015</p>		<p>Basis for the claim: Taxes</p>	
<p>Last 4 digits of account number 4598</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</p>			
2.142	Priority creditor's name and mailing address	\$ 11,924.12	\$ 11,924.12
<p>Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred 2015</p>		<p>Basis for the claim: Taxes</p>	
<p>Last 4 digits of account number 0001</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			
2.143	Priority creditor's name and mailing address	\$ 898.47	\$ 898.47
<p>Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred 2015</p>		<p>Basis for the claim: Taxes</p>	
<p>Last 4 digits of account number 4606</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</p>			

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	Total claim	Priority amount
2.144 Priority creditor's name and mailing address	\$ 33,035.75	\$ 33,035.75
Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015	Basis for the claim: Taxes	
Last 4 digits of account number 0005	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.145 Priority creditor's name and mailing address	\$ 724.19	\$ 724.19
Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015	Basis for the claim: Taxes	
Last 4 digits of account number 0000	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		
2.146 Priority creditor's name and mailing address	\$ 149.82	\$ 149.82
MILLER, NICOLE L 434 GENTILLY DR KATY, TX 77450	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.147 Priority creditor's name and mailing address	\$ 1,691.13	\$ 1,691.13
MOBLEY, CODY R 2212 FORT WORTH DR, #142 DENTON, TX 76210	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		

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		Total claim	Priority amount
2.148	Priority creditor's name and mailing address	\$ 566.95	\$ 566.95
<p><u>MOLINA-OLIVIA, ANDRES W.</u></p> <p><u>9611 Emnora Lane</u></p> <p><u>HOUSTON, TX 77080</u></p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred <u>11/9/15 - 11/29/15</u></p>		<p>Basis for the claim: <u>Wages</u></p>	
<p>Last 4 digits of account number <u> </u></p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			
2.149	Priority creditor's name and mailing address	\$ 122.22	\$ 122.22
<p><u>MOORE, EBONY R</u></p> <p><u>1910 WESTMEAD DR, #3904</u></p> <p><u>HOUSTON, TX 77077</u></p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred <u>11/9/15 - 11/29/15</u></p>		<p>Basis for the claim: <u>Wages</u></p>	
<p>Last 4 digits of account number <u> </u></p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			
2.150	Priority creditor's name and mailing address	\$ 681.31	\$ 681.31
<p><u>MOORE, MARKEL D</u></p> <p><u>241 SATURN DR</u></p> <p><u>CEDAR HILL, TX 75104</u></p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred <u>11/9/15 - 11/29/15</u></p>		<p>Basis for the claim: <u>Wages</u></p>	
<p>Last 4 digits of account number <u> </u></p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			
2.151	Priority creditor's name and mailing address	\$ 974.04	\$ 974.04
<p><u>Moreno, Hector</u></p> <p><u>5929 Indigo Street</u></p> <p><u>HOUSTON, TX 77074-7733</u></p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred <u>11/9/15 - 11/29/15</u></p>		<p>Basis for the claim: <u>Wages</u></p>	
<p>Last 4 digits of account number <u> </u></p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			

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		Total claim	Priority amount
2.152	Priority creditor's name and mailing address	\$ 66.43	\$ 66.43
NAVARRO, ANTHONY 1031 CASCADES ST, APT B MESQUITE, TX 75149		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.153	Priority creditor's name and mailing address	\$ 130.90	\$ 130.90
NAY, ANTHONY T 1043 S BRYAN ST MESQUITE, TX 75149		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.154	Priority creditor's name and mailing address	\$ 32.04	\$ 32.04
NERI, EDDY S 2017 DUDLEY AVENUE DALLAS, TX 75203		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.155	Priority creditor's name and mailing address	\$ 938.13	\$ 938.13
NUNEZ SALES, ROSA 7131 Brook Stone Dr. HOUSTON, TX 77040		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			

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		Total claim	Priority amount
2.156	Priority creditor's name and mailing address	\$ 194.96	\$ 194.96
<p>NUNEZ, INGRID Y 7131 BROOKSTONE DRIVE HOUSTON, TX 77040</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred 11/9/15 - 11/29/15</p>		<p>Basis for the claim: Wages</p>	
<p>Last 4 digits of account number</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			
2.157	Priority creditor's name and mailing address	\$ 392.56	\$ 392.56
<p>OJEDA, ROSA M 10444 FERGUSON ROAD DALLAS, TX 75228</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred 11/9/15 - 11/29/15</p>		<p>Basis for the claim: Wages</p>	
<p>Last 4 digits of account number</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			
2.158	Priority creditor's name and mailing address	\$ 175.72	\$ 175.72
<p>ORTEGA II, PATRICK A 4719 N GALLOWAY, #201 MESQUITE, TX 75150</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred 11/9/15 - 11/29/15</p>		<p>Basis for the claim: Wages</p>	
<p>Last 4 digits of account number</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			
2.159	Priority creditor's name and mailing address	\$ 63.75	\$ 63.75
<p>PACIS, OSCAR E 9915 VICTORIA CREST LANE HOUSTON, TX 77075-2723</p>		<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
<p>Date or dates debt was incurred 11/9/15 - 11/29/15</p>		<p>Basis for the claim: Wages</p>	
<p>Last 4 digits of account number</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			

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	Total claim	Priority amount
2.160 Priority creditor's name and mailing address	\$ 695.50	\$ 695.50
PALACIOS, NARCISO 731 ELSBERRY DALLAS, TX 75217 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.161 Priority creditor's name and mailing address	\$ 87.14	\$ 87.14
PARKER, DONNA R 7402 ALABONSON RD, #703 HOUSTON, TX 77088 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.162 Priority creditor's name and mailing address	\$ 636.02	\$ 636.02
Pasadena ISD PO Box 1318 Pasedena, TX 77501-1318 Date or dates debt was incurred 2015 Last 4 digits of account number 0000 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.163 Priority creditor's name and mailing address	\$ 16,381.20	\$ 16,381.20
Pasadena ISD PO Box 1318 Pasedena, TX 77501-1318 Date or dates debt was incurred 2015 Last 4 digits of account number 0008 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

	Total claim	Priority amount
2.164 Priority creditor's name and mailing address <p style="margin-left: 20px;"> Patsy Schultz, Fort Bend County Tax Assessor-Collector County Tax Assessor/Collector, 1317 Eugene Heimann Cir Richmond, TX 77469-3623 </p> <p> Date or dates debt was incurred 2015 </p> <p> Last 4 digits of account number -907 </p> <p> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8) </p>	\$ <u>1,296.15</u>	\$ <u>1,296.15</u>
<p style="margin-left: 20px;">As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p style="margin-left: 20px;">Basis for the claim: Taxes</p> <p style="margin-left: 20px;">Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
2.165 Priority creditor's name and mailing address <p style="margin-left: 20px;"> PEREZ, ALEJANDRO 22202 PROVINCIAL KATY, TX 77450 </p> <p> Date or dates debt was incurred 11/9/15 - 11/29/15 </p> <p> Last 4 digits of account number _____ </p> <p> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4) </p>	\$ <u>673.65</u>	\$ <u>673.65</u>
<p style="margin-left: 20px;">As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p style="margin-left: 20px;">Basis for the claim: Wages</p> <p style="margin-left: 20px;">Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
2.166 Priority creditor's name and mailing address <p style="margin-left: 20px;"> PEREZ, RICARDO 3721 TOWNE CROSSING BLVD, APT 2109 MESQUITE, TX 75150 </p> <p> Date or dates debt was incurred 11/9/15 - 11/29/15 </p> <p> Last 4 digits of account number _____ </p> <p> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4) </p>	\$ <u>840.00</u>	\$ <u>840.00</u>
<p style="margin-left: 20px;">As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p style="margin-left: 20px;">Basis for the claim: Wages</p> <p style="margin-left: 20px;">Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
2.167 Priority creditor's name and mailing address <p style="margin-left: 20px;"> PEREZ, ROMOLO J 22202 PROVINCIAL BLVD KATY, TX 77450 </p> <p> Date or dates debt was incurred 11/9/15 - 11/29/15 </p> <p> Last 4 digits of account number _____ </p> <p> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4) </p>	\$ <u>1,071.24</u>	\$ <u>1,071.24</u>
<p style="margin-left: 20px;">As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p style="margin-left: 20px;">Basis for the claim: Wages</p> <p style="margin-left: 20px;">Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

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		Total claim	Priority amount
2.168	Priority creditor's name and mailing address	\$ 38.79	\$ 38.79
Ponderosa Forest UD 312 Spring Hill Drive, #100 Spring, TX 77386-3709		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number 4598		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)			
2.169	Priority creditor's name and mailing address	\$ 1,347.13	\$ 1,347.13
Ponderosa Forest UD 312 Spring Hill Drive, #100 Spring, TX 77386-3709		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number 0001		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)			
2.170	Priority creditor's name and mailing address	\$ 84.30	\$ 84.30
POOL, CHRISTOPHER A 2318 SCHIRRA WAY MESQUITE, TX 75150		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.171	Priority creditor's name and mailing address	\$ 77.09	\$ 77.09
PULTS, JAMIE L 1303 BRIARMEADE DR DUNCANVILLE, TX 75137		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			

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	Total claim	Priority amount
2.172 Priority creditor's name and mailing address	\$ 362.05	\$ 362.05
RAMIREZ, JUAN M 1018 Fairview Ct. Mesquite, TX 75181	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.173 Priority creditor's name and mailing address	\$ 95.34	\$ 95.34
RAND, NETRA N 5757 GUHN RD, #217 HOUSTON, TX 77040	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.174 Priority creditor's name and mailing address	\$ 162.17	\$ 162.17
REEDER, MONICA B. 221 OAK LAWN DRIVE PONDER, TX 76259	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.175 Priority creditor's name and mailing address	\$ 412.13	\$ 412.13
REYES, AUSTIN J 608 CAPRICORN STREET CEDAR HILL, TX 75104	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		

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	Total claim	Priority amount
2.176 Priority creditor's name and mailing address	\$ 661.75	\$ 661.75
REYES, TANNER E 6235 PEBBLE CANYON COUT KATY, TX 77450	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.177 Priority creditor's name and mailing address	\$ 797.87	\$ 797.87
Richardson Independent School District 970 Security Row Richardson, TX 75081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015	Basis for the claim: Taxes	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		
2.178 Priority creditor's name and mailing address	\$ 33.72	\$ 33.72
RICHARDSON, DAVID 6317 DUCK CREEK DRIVE, APT 1432 GARLAND, TX 75043	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.179 Priority creditor's name and mailing address	\$ 425.55	\$ 425.55
RIVAS, CARLOS A. 10743 BUFFALO BEND DR HOUSTON, TX 77064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		

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	Total claim	Priority amount
<p>2.180 Priority creditor's name and mailing address</p> <p>RIVERA, ARACELY 903 WILDWOOD DRIVE ALVARADO, TX 76009-2818</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>	<p>\$ 1,456.27</p>	<p>\$ 1,456.27</p>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>2.181 Priority creditor's name and mailing address</p> <p>RIVERA, BRENDA 8530 TWILLINGATE LN HOUSTON, TX 77040</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>	<p>\$ 453.04</p>	<p>\$ 453.04</p>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>2.182 Priority creditor's name and mailing address</p> <p>RIZVI, HASAN I 4915 DOVESPRINGS HOUSTON, TX 77066</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>	<p>\$ 152.55</p>	<p>\$ 152.55</p>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p>2.183 Priority creditor's name and mailing address</p> <p>Rockwall Central Appraisal District 841 Justin Rd Rockwall, TX 75087</p> <p>Date or dates debt was incurred 2015</p> <p>Last 4 digits of account number 0606</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</p>	<p>\$ 1,434.51</p>	<p>\$ 1,434.51</p>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Taxes</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

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	Total claim	Priority amount
2.184 Priority creditor's name and mailing address	\$ 148.52	\$ 148.52
RODRIGUEZ, VICTOR V 2402 BAMMELWOOD DR, #1021 HOUSTON, TX 77014 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.185 Priority creditor's name and mailing address	\$ 844.61	\$ 844.61
RODRIQUEZ, LUCIA G 15915 Kukendahl, #2014 Houston, TX 77068 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.186 Priority creditor's name and mailing address	\$ 2,115.40	\$ 2,115.40
Ron Wright Tax Assessor-Collector 7604 Kell Dr Fort Worth, TX 76119 Date or dates debt was incurred 2015 Last 4 digits of account number 8395 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.187 Priority creditor's name and mailing address	\$ 2,310.47	\$ 2,310.47
Ron Wright, Tax Assessor-Collector Tax Assessor-Collector, PO Box 961018 Fort Worth, TX 76161-0018 Date or dates debt was incurred 2015 Last 4 digits of account number 8839 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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		Total claim	Priority amount
2.188	Priority creditor's name and mailing address	\$ 1,405.85	\$ 1,405.85
Ron Wright, Tax Assessor-Collector Tax Assessor-Collector, PO Box 961018 Fort Worth, TX 76161-0018		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number 8848		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			
2.189	Priority creditor's name and mailing address	\$ 1,425.84	\$ 1,425.84
Ron Wright, Tax Assessor-Collector Tax Assessor-Collector, PO Box 961018 Fort Worth, TX 76161-0018		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number 8379		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)			
2.190	Priority creditor's name and mailing address	\$ 1,567.32	\$ 1,567.32
Ron Wright, Tax Assessor-Collector Tax Assessor-Collector, PO Box 961018 Fort Worth, TX 76161-0018		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015		Basis for the claim: Taxes	
Last 4 digits of account number 8360		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)			
2.191	Priority creditor's name and mailing address	\$ 1,502.60	\$ 1,502.60
RUBIO RUIZ, ROSA M 1506 KNOLL RIDGE CIRCLE CORINTH, TX 76210		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15		Basis for the claim: Wages	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)			

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		Total claim	Priority amount
2.192	Priority creditor's name and mailing address	\$ 179.94	\$ 179.94
<p>SILVER, CARL N 1022 ROCK CANYON KATY, TX 77450</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.193	Priority creditor's name and mailing address	\$ 129.79	\$ 129.79
<p>SIMS, TAVIAN D 18507 EDEN TRAILS LN KATY, TX 77094</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.194	Priority creditor's name and mailing address	\$ 223.21	\$ 223.21
<p>SISSON, TANNER C 2515 LOUISE ST, APT 4 DENTON, TX 76201</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.195	Priority creditor's name and mailing address	\$ 346.90	\$ 346.90
<p>SMITH, LANELL D 807 Wangoner Dr. Mesquite, TX 75149</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Wages</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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		Total claim	Priority amount
2.196	Priority creditor's name and mailing address	\$ 198.07	\$ 198.07
<p><u>Smith, Lonnie</u> <u>905 CYPRESS STATION DRIVE, APT # V 12</u> <u>HOUSTON, TX 77090-1539</u></p> <p>Date or dates debt was incurred <u>11/9/15 - 11/29/15</u></p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.197	Priority creditor's name and mailing address	\$ 1,588.30	\$ 1,588.30
<p><u>SORTO-ROMERO, DORA</u> <u>7834 WHISPERING WOOD LANE</u> <u>HOUSTON, TX 77086</u></p> <p>Date or dates debt was incurred <u>11/9/15 - 11/29/15</u></p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.198	Priority creditor's name and mailing address	\$ 570.20	\$ 570.20
<p><u>Spring ISD - Tax Office, Marianne C. Smith Tax Assessor/Collector</u> <u>524 Sage Valley</u> <u>Richardson, TX 75080</u></p> <p>Date or dates debt was incurred <u>2015</u></p> <p>Last 4 digits of account number <u>4598</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Taxes</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
2.199	Priority creditor's name and mailing address	\$ 19,802.23	\$ 19,802.23
<p><u>Spring ISD - Tax Office, Marianne C. Smith Tax Assessor/Collector</u> <u>524 Sage Valley</u> <u>Richardson, TX 75080</u></p> <p>Date or dates debt was incurred <u>2015</u></p> <p>Last 4 digits of account number <u>0001</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Taxes</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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		Total claim	Priority amount
2.200	Priority creditor's name and mailing address	\$ 3,123,531.00	\$ 3,123,531.00
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>			
<p>State of Texas Comptroller of Public Accounts 111 E. 17th Street Austin, TX 78774-0100</p>			
<p>Date or dates debt was incurred 01/01/06 - 11/30/15</p>		<p>Basis for the claim: Taxes</p>	
<p>Last 4 digits of account number 7614</p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)</p>			
2.201	Priority creditor's name and mailing address	\$ 94.17	\$ 94.17
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>			
<p>STEPHENSON, MARTILE F 16523 WILDERNESS CYPRESS, TX 77429</p>			
<p>Date or dates debt was incurred 11/9/15 - 11/29/15</p>		<p>Basis for the claim: Wages</p>	
<p>Last 4 digits of account number </p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			
2.202	Priority creditor's name and mailing address	\$ 88.35	\$ 88.35
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>			
<p>STRESNAK, MICHELLE R 414 BRONCO CIRCLE SHADY SHORES, TX 76208</p>			
<p>Date or dates debt was incurred 11/9/15 - 11/29/15</p>		<p>Basis for the claim: Wages</p>	
<p>Last 4 digits of account number </p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			
2.203	Priority creditor's name and mailing address	\$ 638.58	\$ 638.58
<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>			
<p>TAYLOR, WENDY S 4307 Tulsa Rd, #5 HOUSTON, TX 77092</p>			
<p>Date or dates debt was incurred 11/9/15 - 11/29/15</p>		<p>Basis for the claim: Wages</p>	
<p>Last 4 digits of account number </p>		<p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
<p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>			

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	Total claim	Priority amount
2.204 Priority creditor's name and mailing address <p> <u>THOMAS, SHERRY D</u> <u>2402 Bammelwood DR, #222</u> <u>HOUSTON, TX 77014</u> </p> <p> Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> </p> <p> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4) </p>	\$ <u>133.11</u>	\$ <u>133.11</u>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
2.205 Priority creditor's name and mailing address <p> <u>TLAPANCO, BLANCA A</u> <u>14115 FM 529 #142</u> <u>HOUSTON, TX 77041</u> </p> <p> Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> </p> <p> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4) </p>	\$ <u>70.49</u>	\$ <u>70.49</u>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
2.206 Priority creditor's name and mailing address <p> <u>TORRES, ESTEBAN</u> <u>20171 APACHE GARDENS LN</u> <u>KATY, TX 77450</u> </p> <p> Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> </p> <p> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4) </p>	\$ <u>409.59</u>	\$ <u>409.59</u>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
2.207 Priority creditor's name and mailing address <p> <u>TOWNSEND, BRANDY</u> <u>1941 COLORADO BLVD, APT B</u> <u>DENTON, TX 76205</u> </p> <p> Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> </p> <p> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4) </p>	\$ <u>286.38</u>	\$ <u>286.38</u>
<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Wages</u></p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

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	Total claim	Priority amount
2.208 Priority creditor's name and mailing address <p style="text-align: right;">\$ <u>3,146.00</u></p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Trowell, Dixie Kathy 5221 GATES DRIVE THE COLONY, TX 75056-4508</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Basis for the claim: Wages</p> <p>Last 4 digits of account number _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$ <u>3,146.00</u>	\$ <u>3,146.00</u>
2.209 Priority creditor's name and mailing address <p style="text-align: right;">\$ <u>89.38</u></p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>TUNE, BONNIE L 7901 SCHRADE RD, LOT 3 ROWLETT, TX 75088</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Basis for the claim: Wages</p> <p>Last 4 digits of account number _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$ <u>89.38</u>	\$ <u>89.38</u>
2.210 Priority creditor's name and mailing address <p style="text-align: right;">\$ <u>1,314.57</u></p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>TZUL, VICTOR M 6735 STONECROSS CREEK LN KATY, TX 77449</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Basis for the claim: Wages</p> <p>Last 4 digits of account number _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$ <u>1,314.57</u>	\$ <u>1,314.57</u>
2.211 Priority creditor's name and mailing address <p style="text-align: right;">\$ <u>752.67</u></p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>VELASQUEZ, JORGE A 11843 WILLOW CIR HOUSTON, TX 77071</p> <p>Date or dates debt was incurred 11/9/15 - 11/29/15</p> <p>Basis for the claim: Wages</p> <p>Last 4 digits of account number _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)</p>	\$ <u>752.67</u>	\$ <u>752.67</u>

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	Total claim	Priority amount
2.212 Priority creditor's name and mailing address	\$ 985.80	\$ 985.80
VELASQUEZ, TEODORA 4600 SHERWOOD LANE, APT 139 HOUSTON, TX 77092	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.213 Priority creditor's name and mailing address	\$ 6.60	\$ 6.60
VILLAREAL, GARROD A 1827 LAUREL BAY DR HOUSTON, TX 77014	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: Wages	
Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		
2.214 Priority creditor's name and mailing address	\$ 172.40	\$ 172.40
West Memorial MUD PO BOX 684000 Houston, TX 77268-4000	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015	Basis for the claim: Taxes	
Last 4 digits of account number _____ 4606	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		
2.215 Priority creditor's name and mailing address	\$ 6,338.85	\$ 6,338.85
West Memorial MUD PO BOX 684000 Houston, TX 77268-4000	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred 2015	Basis for the claim: Taxes	
Last 4 digits of account number _____ 0005	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		

Part 1. Additional Page

	Total claim	Priority amount
2.216 Priority creditor's name and mailing address	\$ 368.39	\$ 368.39
WHITE, KELSEY L 2524 W OAK ST, #146 DENTON, TX 76210 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.217 Priority creditor's name and mailing address	\$ 94.35	\$ 94.35
WILLIAMS, CHAROLETTE L 913 BLUEBONNET LANE MESQUITE, TX 75149 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.218 Priority creditor's name and mailing address	\$ 161.08	\$ 161.08
WIREMAN, DUSTIN J 158 BUCKEYE DR KATY, TX 77450 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.219 Priority creditor's name and mailing address	\$ 67.46	\$ 67.46
Woodlands Metro Center MUD PO Box 7829 The Woodlands, TX 77387-7829 Date or dates debt was incurred 2015 Last 4 digits of account number 2856 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 1. Additional Page

		Total claim	Priority amount
2.220	Priority creditor's name and mailing address	\$ 1,951.71	\$ 1,951.71
Woodlands Metro Center MUD water/sewer tax. Rd tax billed with county tax bill PO Box 7829 The Woodlands, TX 77387-7829 Date or dates debt was incurred 2015 Last 4 digits of account number 2033 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Taxes Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.221	Priority creditor's name and mailing address	\$ 771.29	\$ 771.29
YOUNG, PAUL L 613 BOARD WALK DENTON, TX 76205 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.222	Priority creditor's name and mailing address	\$ 1,269.69	\$ 1,269.69
ZAMORANO, BENJAMIN 1050 Park Ave, #1014 Carrollton, TX 75006 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.223	Priority creditor's name and mailing address	\$ 47.48	\$ 47.48
ZARATE, ALEXANDRA D 4728 KRISTIE DR BALCH SPRINGS, TX 75180 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 1. Additional Page

	Total claim	Priority amount
2.224 Priority creditor's name and mailing address	\$ 852.75	\$ 852.75
ZAVALA, JUANA 14770 Lasater, #150 Dallas, TX 75253 Date or dates debt was incurred 11/9/15 - 11/29/15 Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.225 Priority creditor's name and mailing address	\$ _____	\$ _____
_____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.226 Priority creditor's name and mailing address	\$ _____	\$ _____
_____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.227 Priority creditor's name and mailing address	\$ _____	\$ _____
_____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 1924 Abrams, Ltd. 2000 McKinney Ave, Suite 1000 Dallas, TX 75201	\$ <u>45,576.00</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: <u>Lease Rental</u>	
	Date or dates debt was incurred <u>12/1/15 - 1/1/16</u>	
	Last 4 digits of account number _____	
	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address 360training.com P.O. Box 840358 Dallas, TX 75284-0358	\$ <u>114.92</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: <u>Goods & Services</u>	
	Date or dates debt was incurred <u>10/31/2015</u>	
	Last 4 digits of account number _____	
	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address 410 MASON, LLC 4545 Bissonnet, Suite 100 Bellaire, TX 77401	\$ <u>42,571.00</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: <u>Lease Rental</u>	
	Date or dates debt was incurred <u>11/1/15 - 1/1/16</u>	
	Last 4 digits of account number _____	
	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address A/W MECHANICAL SERVICES, LP P O BOX 1421 HOUSTON, TX 77251-1421	\$ <u>7,059.09</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: <u>Goods & Services</u>	
	Date or dates debt was incurred <u>6/15/15 - 8/31/15</u>	
	Last 4 digits of account number _____	
	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address ABC HOME AND COMMERCIAL SERVICES P O BOX 670389 DALLAS, TX 75267-0389	\$ <u>13,696.20</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: <u>Goods & Services</u>	
	Date or dates debt was incurred <u>4/27/15 - 11/9/15</u>	
	Last 4 digits of account number <u>2032</u>	
	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address Accurate Telecom 13815 Bella Drive Cypress, TX 77429	\$ <u>373.46</u>
	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Basis for the claim: <u>Goods & Services</u>	
	Date or dates debt was incurred <u>3/5/14 - 12/16/14</u>	
	Last 4 digits of account number _____	
	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

Amount of claim

3.7 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 6,600.46

Achievement Tec *Check all that apply.*

4220 Proton Road, Suite 170 Contingent

Dallas, TX 75244 Unliquidated

Disputed

Basis for the claim: Goods & Services

Date or dates debt was incurred 12/16/14 - 8/31/15 **Is the claim subject to offset?**

Last 4 digits of account number No

Yes

3.8 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,894.59

ACS Commercial Services *Check all that apply.*

6723 Theall Road, Suite A Contingent

Houston, TX 77066 Unliquidated

Disputed

Basis for the claim: Goods & Services

Date or dates debt was incurred 6/29/15 - 8/19/15 **Is the claim subject to offset?**

Last 4 digits of account number No

Yes

3.9 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 5,269.36

ADMIRAL LINEN & UNIFORM DDFW *Check all that apply.*

1340 EAST BERRY STREET Contingent

FORT WORTH, TX 76119 Unliquidated

Disputed

Basis for the claim: Goods & Services

Date or dates debt was incurred 9/2/15 - 11/13/15 **Is the claim subject to offset?**

Last 4 digits of account number 0554 No

Yes

3.10 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 4,838.41

Admiral Linen & Uniform Service *Check all that apply.*

2030 KIPLING Contingent

HOUSTON, TX 77098 Unliquidated

Disputed

Basis for the claim: Goods & Services

Date or dates debt was incurred 10/1/15 - 11/16/15 **Is the claim subject to offset?**

Last 4 digits of account number 5200 No

Yes

3.11 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 43.38

Air Rite Service *Check all that apply.*

P.O. Box 21055 Contingent

Beaumont, TX 77720-1055 Unliquidated

Disputed

Basis for the claim: Goods & Services

Date or dates debt was incurred 9/30/15 - 10/26/15 **Is the claim subject to offset?**

Last 4 digits of account number 7210 No

Yes

3.12 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 4,384.35

ALAMO PEST MANAGEMENT *Check all that apply.*

1901 W BERRY STREET Contingent

FORT WORTH, TX 76110 Unliquidated

Disputed

Basis for the claim: Goods & Services

Date or dates debt was incurred 8/1/15 - 11/2/15 **Is the claim subject to offset?**

Last 4 digits of account number No

Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,321.00
	All Microwave Center, Inc.	<i>Check all that apply.</i>	
	PO Box 5544	<input type="checkbox"/> Contingent	
	Kingwood, TX 77325	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	6/4/13 - 8/15/13	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	2027		
3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 743.75
	ALSCO	<i>Check all that apply.</i>	
	421 ROOSEVELT AVENUE	<input type="checkbox"/> Contingent	
	SAN ANTONIO, TX 78210	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/5/15 - 11/9/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	1387		
3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 584.55
	American Backflow & Plumbing	<i>Check all that apply.</i>	
	1515 N Town East Blvd, Suite 138-350	<input type="checkbox"/> Contingent	
	Mesquite, TX 75150	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	9/18/15 - 11/6/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 72,171.00
	Arabel Rowe Dunbar Testamentar	<i>Check all that apply.</i>	
	PO Box 1756-C	<input type="checkbox"/> Contingent	
	Alvin, TX 77512-1756	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Lease Rental	
	Date or dates debt was incurred	Is the claim subject to offset?	
	08/1/15 - 1/1/16	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 17,862.20
	ARAMARK DALLAS - 1155	<i>Check all that apply.</i>	
	AUS CENTRAL LOCKBOX, P O BOX 731676	<input type="checkbox"/> Contingent	
	DALLAS, TX 75373-1676	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	5/16/15 - 9/9/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	5899		
3.18	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 12,802.05
	ARAMARK HOUSTON - 1266	<i>Check all that apply.</i>	
	AUS CENTRAL LOCKBOX, PO BOX 731676	<input type="checkbox"/> Contingent	
	DALLAS, TX 75373-1676	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	5/18/15 - 9/2/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	6523		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.19	Nonpriority creditor's name and mailing address Armstrong Repair Center, Inc. P.O. Box 1770 Bellaire, TX 77402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>558.61</u>
	Date or dates debt was incurred <u>6/11/2015</u> Last 4 digits of account number _____	Basis for the claim: <u>Goods & Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address AT&T (105414) P.O. Box 105414 Atlanta, GA 30348-5414	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>247.98</u>
	Date or dates debt was incurred <u>11/1/2015</u> Last 4 digits of account number <u>3963</u>	Basis for the claim: <u>Goods & Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address ATMOS Energy PO Box 790311 St. Louis, MO 63179-0311	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>13,139.49</u>
	Date or dates debt was incurred <u>9/22/15 - 11/10/15</u> Last 4 digits of account number <u>3606</u>	Basis for the claim: <u>Goods & Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address Audio Consultants 2926 Fountainview Houston, TX 77057	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>140.00</u>
	Date or dates debt was incurred <u>4/1/13 - 10/1/13</u> Last 4 digits of account number _____	Basis for the claim: <u>Goods & Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address Authorized Commercial Tech, Inc. 1209 Northwest Hwy # 154 Garland, TX 75041	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>2,291.51</u>
	Date or dates debt was incurred <u>6/12/13 - 10/16/13</u> Last 4 digits of account number <u>2047</u>	Basis for the claim: <u>Goods & Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address AZTEC EVENTS & TENTS ARLINGTON 3301 E RANDOLL MILL ROAD ARLINGTON, TX 76011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>363.20</u>
	Date or dates debt was incurred <u>10/13/2015</u> Last 4 digits of account number <u>2435</u>	Basis for the claim: <u>Goods & Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.25	Nonpriority creditor's name and mailing address Aztec Party & Tent Rentals P O Box 678758 Dallas, TX 75267	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 947.39
	Date or dates debt was incurred 10/15/15 - 11/6/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	Nonpriority creditor's name and mailing address Beaumont Westmont LLC c/o Albanese Cormier Holdings 350 Pine Street, Suite 800 Beaumont, TX 77701	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 11,750.00
	Date or dates debt was incurred 12/1/15 - 1/1/16	Basis for the claim: Lease Rental	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address BEN E KEITH DALLAS (RAI) 1805 RECORD CROSSING DALLAS, TX 75235	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 31.15
	Date or dates debt was incurred 9/28/15 - 11/11/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number 5459	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address Best Plumbing, L.L.C. 7802 Farnsworth Houston, TX 77022	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 7,840.58
	Date or dates debt was incurred 7/22/13 - 11/4/13	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.29	Nonpriority creditor's name and mailing address Bright Refrigeration, Inc. 2716 Remington Drive Royse City, TX 75189	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 248.99
	Date or dates debt was incurred 6/12/13 - 7/19/13	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address BRITE LITE SIGNS SERVICE INC 9901 REGAL ROW HOUSTON, TX 77040	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,149.62
	Date or dates debt was incurred 6/10/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.31	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 27,301.65
	Brixmor Holdings 12 SPE, LLC	<i>Check all that apply.</i>	
	One Fayette Street Suite 150	<input type="checkbox"/> Contingent	
	Conshohocken, PA 19428	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Lease Rental	
	Date or dates debt was incurred	10/1/15 - 1/1/16	
	Last 4 digits of account number		
		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2,007.87
	BROTHERS PRODUCE INC - AUSTIN	<i>Check all that apply.</i>	
	PO BOX 6008	<input type="checkbox"/> Contingent	
	AUSTIN, TX 78762	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	11/9/15 - 11/20/15	
	Last 4 digits of account number		
		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.33	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 37,496.02
	Brothers Produce, Inc. - Dallas	<i>Check all that apply.</i>	
	P.O. Box 550278	<input type="checkbox"/> Contingent	
	Dallas, TX 75355	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	10/21/15 - 11/21/15	
	Last 4 digits of account number		
		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.34	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 31,593.73
	Brothers Produce, Inc. - Houston	<i>Check all that apply.</i>	
	PO Box 1207	<input type="checkbox"/> Contingent	
	Friendswood, TX 77549-1207	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	10/21/15 - 11/21/15	
	Last 4 digits of account number		
		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.35	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 933.87
	BullsEye Telecom	<i>Check all that apply.</i>	
	C/O First Place Bank, PO Box 33025	<input type="checkbox"/> Contingent	
	Detroit, MI 48232-5025	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	11/9/2015	
	Last 4 digits of account number	52A8	
		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.36	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 300.00
	Cardenas Tile	<i>Check all that apply.</i>	
	3004 Caribbean Drive	<input type="checkbox"/> Contingent	
	Mesquite, TX 75150	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	9/18/2013	
	Last 4 digits of account number		
		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.37	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 25,500.00
	Catherine Bachman	<i>Check all that apply.</i>	
	6525 Lakeville Highway	<input type="checkbox"/> Contingent	
	Petaluma, CA 94954	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Lease Rental	
	Date or dates debt was incurred	Is the claim subject to offset?	
	12/1/15 - 1/1/16	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.38	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 5,973.01
	CenterPoint Energy - Houston	<i>Check all that apply.</i>	
	PO Box 4981	<input type="checkbox"/> Contingent	
	Houston, TX 77210-4981	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	9/4/15 - 11/12/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	2059		
3.39	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,420,000.00
	CFG XV, Inc	<i>Check all that apply.</i>	
	450 S. Orange ST	<input type="checkbox"/> Contingent	
	Orlando, FL 32801	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Note	
	Date or dates debt was incurred	Is the claim subject to offset?	
	12/22/2010	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.40	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 225.26
	Charter Communications (790261)	<i>Check all that apply.</i>	
	PO Box 790261	<input type="checkbox"/> Contingent	
	Saint Louis, MO 63179-0261	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/22/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	9867		
3.41	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 4.56
	City Of Conroe	<i>Check all that apply.</i>	
	300 W. Davis, Ste 240	<input type="checkbox"/> Contingent	
	Conroe, TX 77305-3066	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	1/9/2009	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	9001		
3.42	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 849.38
	CITY OF DALLAS (UTILITIES)	<i>Check all that apply.</i>	
	CITY HALL, 2D SOUTH	<input type="checkbox"/> Contingent	
	DALLAS, TX 75277	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	11/5/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	2001		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.43	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 100.00
	City Of Denton Accounting	<i>Check all that apply.</i>	
	601 E Hickory St Ste F	<input type="checkbox"/> Contingent	
	Denton, TX 76205	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/14/2014	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.44	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 9,309.85
	CITY OF FORT WORTH - WATER	<i>Check all that apply.</i>	
	PO BOX 961003	<input type="checkbox"/> Contingent	
	FORTH WORTH, TX 76161-0003	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	9/13/15 - 11/5/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	2005		
3.45	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 75.00
	City Of Garland (Police Department)	<i>Check all that apply.</i>	
	Alarm Section, 1891 Forest Ln	<input type="checkbox"/> Contingent	
	Garland, TX 75042	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	8/5/2013	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.46	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 4,988.44
	City Of Garland (Utility)	<i>Check all that apply.</i>	
	PO BOX 461508	<input type="checkbox"/> Contingent	
	Garland, TX 75046-1508	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/28/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	2028		
3.47	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 3,762.92
	CITY OF HOUSTON - WATER DEPT	<i>Check all that apply.</i>	
	PO BOX 1560	<input type="checkbox"/> Contingent	
	HOUSTON, TX 77251	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	9/15/15 - 11/5/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	2109		
3.48	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2,760.79
	City Of Plano Utilities	<i>Check all that apply.</i>	
	PO Box 861990	<input type="checkbox"/> Contingent	
	Plano, TX 75086-1990	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	11/2/15 - 11/4/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	2011		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.49	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 250.00
	City of Rockwall (Alarm Program)	<i>Check all that apply.</i>	
	Alarm Program, P.O. Box 140455	<input type="checkbox"/> Contingent	
	Irving, TX 75014-0455	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	9/17/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	9999		
3.50	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 454.65
	Clean Cut Lawn & Landscape	<i>Check all that apply.</i>	
	6046 FM 2920 Road #306	<input type="checkbox"/> Contingent	
	Spring, TX 77379	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	4/15/2014	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.51	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 337.12
	CLEARWATER PLUMBERS	<i>Check all that apply.</i>	
	P O BOX 136182	<input type="checkbox"/> Contingent	
	FORT WORTH, TX 76136	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/14/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.52	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 39,382.49
	CLIMATE TECH AIR CONDITIONING & HEATING LLC	<i>Check all that apply.</i>	
	13657 JUPITER RD, SUITE 111	<input type="checkbox"/> Contingent	
	DALLAS, TX 75238	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	8/10/15 - 11/13/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.53	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 397.00
	Coca Cola North Texas	<i>Check all that apply.</i>	
	PO BOX 840232	<input type="checkbox"/> Contingent	
	Dallas, TX 75284-0232	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	2/28/2007	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.54	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 675.42
	Colorado Honey Company	<i>Check all that apply.</i>	
	3843 Stream Court	<input type="checkbox"/> Contingent	
	Fort Collins, CO 80526	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	6/27/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.55	Nonpriority creditor's name and mailing address Comcast(660618)) PO Box 660618 Dallas, TX 75266-0618	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,207.16
	Date or dates debt was incurred 10/2/15 - 11/5/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number 0416	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.56	Nonpriority creditor's name and mailing address CONDITIONED AIR SERVICES 217 S BELT LINE RD GRAND PRAIRIE, TX 75051	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 63,823.88
	Date or dates debt was incurred 6/8/15 - 8/14/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.57	Nonpriority creditor's name and mailing address Consolidated Communications PO BOX 66523 Saint Louis, MO 63166-6523	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 327.10
	Date or dates debt was incurred 11/1/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number 3115	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	Nonpriority creditor's name and mailing address Cousins Lawn Service 9126 Gross St Beaumont, TX 77707	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 779.85
	Date or dates debt was incurred 8/31/14 - 9/30/14	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	Nonpriority creditor's name and mailing address Cozzini Bros., Inc 350 Howard Avenue Des Plaines, IL 60018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,129.05
	Date or dates debt was incurred 8/24/15 - 11/12/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	Nonpriority creditor's name and mailing address CPZ Northway, L.L.C. PO Box 713816 Cincinnati, OH 45271-3816	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,988.00
	Date or dates debt was incurred 7/30/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.61	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 80,257.00
	CPZ Northway, L.L.C.	<i>Check all that apply.</i>	
	12 Greenway Plaza, Suite 1500	<input type="checkbox"/> Contingent	
	Houston, TX 77046	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Lease Rental</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	05/1/15 - 01/1/16	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.62	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 384.29
	Custom Works	<i>Check all that apply.</i>	
	12802 Naples Ln.	<input type="checkbox"/> Contingent	
	Stafford, TX 77477	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	8/19/2013	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.63	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 39.28
	Daydots	<i>Check all that apply.</i>	
	24198 Network Place	<input type="checkbox"/> Contingent	
	Chicago, IL 60673-1241	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	5/18/2009	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.64	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,713.37
	DayMark Food Safety Systems	<i>Check all that apply.</i>	
	12836 South Dixie Hwy.	<input type="checkbox"/> Contingent	
	Bowling Green, OH 43402	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	5/23/13 - 12/26/13	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.65	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 72,912.00
	DEERBROOK COMMONS LTD	<i>Check all that apply.</i>	
	13131 Dairy Ashford Rd, Ste 380	<input type="checkbox"/> Contingent	
	Sugar Land, TX 77478	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Lease Rental</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	09/1/15 - 1/1/16	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.66	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 400.00
	Denton Chamber of Commerce	<i>Check all that apply.</i>	
	414 Parkway	<input type="checkbox"/> Contingent	
	Denton, TX 76201	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	7/1/2013	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.67	Nonpriority creditor's name and mailing address DICKMAN DAVENPORT, INC 313 TURTLE CREEK BLVD, SUITE 320 DALLAS, TX 75219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 702.37
	Date or dates debt was incurred 8/4/2015 Last 4 digits of account number 0723	Basis for the claim: Goods & Services Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.68	Nonpriority creditor's name and mailing address DIRECTV PO Box 60036 Los Angeles, CA 90060-0036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 495.78
	Date or dates debt was incurred 8/21/09 - 10/15/10 Last 4 digits of account number	Basis for the claim: Goods & Services Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.69	Nonpriority creditor's name and mailing address Discount Helium of Dallas, Inc. P.O. Box 872061 Mesquite, TX 75187-2061	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 647.07
	Date or dates debt was incurred 3/1/13 - 7/30/13 Last 4 digits of account number	Basis for the claim: Goods & Services Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.70	Nonpriority creditor's name and mailing address DOT IT LABELS PO BOX 860272 MINNEAPOLIS, MN 55486	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,777.31
	Date or dates debt was incurred 8/13/15 - 11/12/15 Last 4 digits of account number	Basis for the claim: Goods & Services Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.71	Nonpriority creditor's name and mailing address Dowe Microwave Service, Inc. 800 Switzer Lane Cedar Hill, TX 75104-7234	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 1,058.36
	Date or dates debt was incurred 12/18/13 - 7/4/14 Last 4 digits of account number	Basis for the claim: Goods & Services Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.72	Nonpriority creditor's name and mailing address Dragon Fire Systems 128 W. Zipp Road New Braunfels, TX 78130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 530.05
	Date or dates debt was incurred 6/8/2015 Last 4 digits of account number	Basis for the claim: Goods & Services Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.73	Nonpriority creditor's name and mailing address Dunbar Security Products Inc PO BOX 333 Baltimore, MD 21203-0333	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 126.56
	Date or dates debt was incurred 10/13/15 - 11/6/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.74	Nonpriority creditor's name and mailing address DYKEMA GOSSETT PLLC 400 RENAISSANCE CTR FL 38 DETROIT, MI 48243	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,046.34
	Date or dates debt was incurred 7/4/15 - 10/21/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number 0141	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.75	Nonpriority creditor's name and mailing address ECOLAB EQUIPMENT CARE ECOLAB EQUIPMENT CARE, 24673 NETWORK PL CHICAGO, IL 60673-1246	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 342.08
	Date or dates debt was incurred 3/4/2013	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.76	Nonpriority creditor's name and mailing address ECOLAB FOOD SAFETY SOLUTIONS 24198 NETWORK PLACE CHICAGO, IL 60673-1241	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 573.68
	Date or dates debt was incurred 4/20/13 - 7/27/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number 0109	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.77	Nonpriority creditor's name and mailing address Ecolab Inc P.O.Box 70343 Chicago, IL 60673-0343	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8,908.50
	Date or dates debt was incurred 7/1/15 - 10/29/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.78	Nonpriority creditor's name and mailing address Ecosystems Management Co. 1043 Orchard Hill Houston, TX 77077	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,201.59
	Date or dates debt was incurred 8/1/14 - 11/1/14	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.79	Nonpriority creditor's name and mailing address ED PHILLIPS PLUMBING 4556 GLORIA ALLEN DR COLLEGE STATION, TX 77845	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 436.94
	Date or dates debt was incurred <u>11/8/2012</u>	Basis for the claim: <u>Goods & Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.80	Nonpriority creditor's name and mailing address Edward Don & Company 2562 Paysphere Circle Chicago, IL 60674	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 15,031.63
	Date or dates debt was incurred <u>3/18/10 - 11/22/15</u>	Basis for the claim: <u>Goods & Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.81	Nonpriority creditor's name and mailing address EGGLESTON KING, LLP 102 HOUSTON AVE WEATHERFORD, TX 76086	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 34,362.40
	Date or dates debt was incurred <u>8/4/15 - 10/7/15</u>	Basis for the claim: <u>Goods & Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.82	Nonpriority creditor's name and mailing address ELI'S RESTAURANT SERVICE ELI PONCE, 8810 HANFORD DR DALLAS, TX 75243	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 335.00
	Date or dates debt was incurred <u>7/26/2014</u>	Basis for the claim: <u>Goods & Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	Nonpriority creditor's name and mailing address Elliott Electric Supply P.O. Box 630610, 2526 N. Stallings Drive Nacogdoches, TX 75963	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 97.42
	Date or dates debt was incurred <u>11/22/2011</u>	Basis for the claim: <u>Goods & Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	Nonpriority creditor's name and mailing address EMERGENCY ICE 8700 DIPLOMACY ROW DALLAS, TX 75247	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,618.10
	Date or dates debt was incurred <u>5/31/15 - 10/5/15</u>	Basis for the claim: <u>Goods & Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.85	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 4,806.47
	Entergy	<i>Check all that apply.</i>	
	PO Box 8104	<input type="checkbox"/> Contingent	
	Baton Rouge, LA 70891-8104	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	11/5/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	0517		
3.86	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2.13
	Enterprise (Houston)	<i>Check all that apply.</i>	
	14900 Gulf Freeway, Suite A	<input type="checkbox"/> Contingent	
	Houston, TX 77034-5355	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	12/28/2009	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.87	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 294.19
	ENTREES ON TRAYS (DENTON)	<i>Check all that apply.</i>	
	PO Box 22125	<input type="checkbox"/> Contingent	
	Beaumont, TX 77720	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	9/1/2013	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.88	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 9,952.64
	ENVIRONMENTAL PLUMBING SOLUTIONS	<i>Check all that apply.</i>	
	1320 FORD ST	<input type="checkbox"/> Contingent	
	IRVING, TX 75061	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	2/22/14 - 9/28/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.89	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 805.18
	ESPRESSO RMI INC	<i>Check all that apply.</i>	
	9039 VANTAGE POINT DRIVE	<input type="checkbox"/> Contingent	
	DALLAS, TX 75243	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	6/29/15 - 7/29/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.90	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 4,589.80
	Express Services/Cantu Enterprises (Dallas), LLC	<i>Check all that apply.</i>	
	6800 Poplar Avenue, Atrium 1 - #121	<input type="checkbox"/> Contingent	
	Memphis, TX 38138	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	4/18/14 - 9/8/14	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.91	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>348.11</u>
	Farmer Brothers Coffee	<i>Check all that apply.</i>	
	P.O. Box 79705	<input type="checkbox"/> Contingent	
	City of Industry, CA 91716-9705	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>12/27/2010</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.92	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>18,334.88</u>
	FAULKNER MACKIE & COCHRAN PC	<i>Check all that apply.</i>	
	3100 WEST END ACE STE 700	<input type="checkbox"/> Contingent	
	NASHVILLE, TN 37203-1372	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>9/30/15 - 10/31/15</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.93	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>20,563.09</u>
	FERGUSON BRASWELL & FRASER PC	<i>Check all that apply.</i>	
	2500 DALLAS PKWY STE 501	<input type="checkbox"/> Contingent	
	PLANO, TX 75093	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>3/23/15 - 8/20/15</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.94	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>7,426.70</u>
	Fishbowl Marketing	<i>Check all that apply.</i>	
	Dept AT 952733	<input type="checkbox"/> Contingent	
	Atlanta, GA 31192-2733	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>9/1/15 - 11/1/15</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.95	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>1,164.50</u>
	Fort Bend/Southwest Star	<i>Check all that apply.</i>	
	4655 Techniplex, Suite 300	<input type="checkbox"/> Contingent	
	Stafford, TX 77477	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>2/6/13 - 10/23/13</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.96	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>658.82</u>
	FORT WORTH TEXAS MAGAZINE	<i>Check all that apply.</i>	
	6777 CAMP BOWIE BLVD STE 130	<input type="checkbox"/> Contingent	
	FORT WORTH, TX 76116	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>8/22/2014</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.97	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 6,881.10
	FTS Repair & Maintenance	<i>Check all that apply.</i>	
	FTS Repair & Maintenance, 10772 CR 905	<input type="checkbox"/> Contingent	
	Princeton, TX 75407	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	8/3/15 - 9/2/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.98	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 150.00
	GARLAND POLICE DEPT	<i>Check all that apply.</i>	
	ATTN ALARM UNIT, 1891 FOREST LANE	<input type="checkbox"/> Contingent	
	GARLAND, TX 75042	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	11/6/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	9425		
3.99	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 4,324.64
	GEARY PORTER & DONOVAN PC	<i>Check all that apply.</i>	
	PO BOX 700248	<input type="checkbox"/> Contingent	
	DALLAS, TX 75370-0248	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	5/20/2011	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	8447		
3.100	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 480.55
	General Signs	<i>Check all that apply.</i>	
	900 Buena Vista	<input type="checkbox"/> Contingent	
	San Antonio, TX 78207	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	2/27/2014	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.101	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 70.80
	Giglio Distributing	<i>Check all that apply.</i>	
	155 M L King Pkwy	<input type="checkbox"/> Contingent	
	Beaumont, TX 77701	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	12/29/2014	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.102	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 361.08
	Glazers Wholesale (Houston)	<i>Check all that apply.</i>	
	9350 East Point Drive, P.O. Box 2686	<input type="checkbox"/> Contingent	
	Houston, TX 77054-3716	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	7/11/2011	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.103	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 146.68
	Glazers Wholesale (Waco)	<i>Check all that apply.</i>	
	2525 Texas Central Parkway	<input type="checkbox"/> Contingent	
	Waco, TX 76712	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	4/21/2011	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.104	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 8,493.28
	Great Southwestern Fire & Safety	<i>Check all that apply.</i>	
	310 W. Commerce Street	<input type="checkbox"/> Contingent	
	Dallas, TX 75208	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	2/25/15 - 11/4/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.105	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 9,428.68
	Gulf Coast Pressure Washing Service	<i>Check all that apply.</i>	
	Moises E Menjivar, 7202 Corta Calle Dr	<input type="checkbox"/> Contingent	
	Houston, TX 77083	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	2/13/12 - 5/7/14	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.106	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 155.87
	H & H Industries, Inc.	<i>Check all that apply.</i>	
	P.O. Box 735	<input type="checkbox"/> Contingent	
	Elmwood, IL 61529-0735	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/20/08 - 12/29/08	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.107	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 3,634.45
	Hardie's Fruit & Vegetable South	<i>Check all that apply.</i>	
	PO Box 613216	<input type="checkbox"/> Contingent	
	Dallas, TX 75261	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	12/4/13 - 12/27/13	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.108	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 884.89
	HOBART - ITW FOOD EQUIP	<i>Check all that apply.</i>	
	ITW FOOD EQUIPMENT GROUP, PO BOX 2517	<input type="checkbox"/> Contingent	
	CAROL STREAM, IL 60132-2517	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	5/17/14 - 12/29/14	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.109	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 43,310.19
	HUDSON ENERGY	<i>Check all that apply.</i>	
	PO BOX 731137	<input type="checkbox"/> Contingent	
	DALLAS, TX 75373-1137	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	9/10/15 - 11/10/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	2041		
3.110	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 6,540.02
	Anywhere Solutions, Inc.	<i>Check all that apply.</i>	
	A Sybase Company, P.O. Box 742482	<input type="checkbox"/> Contingent	
	Los Angeles, CA 90074-2482	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	2/28/14 - 7/1/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.111	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 65,745.00
	IMI INVESTMENTS INC	<i>Check all that apply.</i>	
	701 N Post Oak Rd, STE 9	<input type="checkbox"/> Contingent	
	Houston, TX 77024	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Lease Rental	
	Date or dates debt was incurred	Is the claim subject to offset?	
	08/1/15 - 01/1/16	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.112	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 52,788.00
	Impact Hospitality	<i>Check all that apply.</i>	
	313 East Main Street, Suite 1	<input type="checkbox"/> Contingent	
	Hendersonville, TN 37075	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/23/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.113	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,500.00
	Ingram Plumbing & General Contracting Co.	<i>Check all that apply.</i>	
	15502 Hwy 3 Unit 305	<input type="checkbox"/> Contingent	
	Webster, TX 77598	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/17/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.114	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 26,147.31
	JAHCO Spring Creek, LLC	<i>Check all that apply.</i>	
	PO Box 14586	<input type="checkbox"/> Contingent	
	Oklahoma City, OK 73113	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Lease Rental	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/1/15 - 1/1/16	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.115	Nonpriority creditor's name and mailing address Janpak/Ft Worth PO Box 803375 Dallas, TX 75380	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 9.43
	Date or dates debt was incurred 9/11/2002	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.116	Nonpriority creditor's name and mailing address Jones 1960 Crossroads, LLC PO Box 130564 Spring, TX 77393	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 43,046.76
	Date or dates debt was incurred 9/1/15 - 01/1/16	Basis for the claim: Lease Rental	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.117	Nonpriority creditor's name and mailing address KB Nutrition Consulting 707 Osterman Ave Unit# 238 Deerfield, IL 60015-6209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 765.00
	Date or dates debt was incurred 7/1/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.118	Nonpriority creditor's name and mailing address KIMCO REALTY CORPORATION 3333 NEW HYDE PARK ROAD, SUITE 100 NEW HYDE PARK, NY 11042-0020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 40,085.97
	Date or dates debt was incurred 7/1/15 - 9/1/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.119	Nonpriority creditor's name and mailing address KIM-MP Multi State, LLC 8140 Walnut Hill LN, Suite 400 Dallas, TX 75231	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 183,994.89
	Date or dates debt was incurred 01/01/15 - 06/01/15	Basis for the claim: Lease Rental	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.120	Nonpriority creditor's name and mailing address Kitchen Kutup 2208 Appian Way Pearland, TX 77584	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 163.45
	Date or dates debt was incurred 9/17/15 - 10/27/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.121	Nonpriority creditor's name and mailing address Lattimore Black Morgan & Cain PC PO Box 1869 Brentwood, TN 37024	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 14,325.00
	Date or dates debt was incurred 8/19/13 - 10/11/13	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.122	Nonpriority creditor's name and mailing address LCSSC LTD 3900 Essex Lane, Suite 1070 Houston, TX 77027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 73,669.00
	Date or dates debt was incurred 08/1/15 - 01/1/16	Basis for the claim: Lease Rental	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.123	Nonpriority creditor's name and mailing address LEWIS THOMASON KING KRIEG & WALDROP PO BOX 2425 KNOXVILLE, TN 37901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 826.00
	Date or dates debt was incurred 2/1/2014	Basis for the claim: Goods & Services	
	Last 4 digits of account number N192	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.124	Nonpriority creditor's name and mailing address Lincoln Square Dunhill, LP 436 Lincoln Square Arlington, TX 76011	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 16,437.17
	Date or dates debt was incurred 12/1/2015	Basis for the claim: Lease Rental	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.125	Nonpriority creditor's name and mailing address Liquid Environmental Solutions Of Texas, LP P.O. Box 203371 Dallas, TX 75320-3371	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 18,106.31
	Date or dates debt was incurred 1/31/14 - 8/31/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number 3856	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.126	Nonpriority creditor's name and mailing address MARTIN FROST & HILL 3345 BEE CAVE RD STE 105 AUSTIN, TX 78746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 2,193.17
	Date or dates debt was incurred 5/30/13 - 8/31/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.127	Nonpriority creditor's name and mailing address Merit Appraisal & Tax Consulting, L.P. PO BOX 330 GAINESVILLE, TX 76241-0330	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,333.34
	Date or dates debt was incurred 10/1/15 - 11/1/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.128	Nonpriority creditor's name and mailing address MLE Restaurant Group, LLC 18 East 22nd Street New York, NY 10010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 162,926.00
	Date or dates debt was incurred 06/1/15 - 10/1/15	Basis for the claim: Lease Rental	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.129	Nonpriority creditor's name and mailing address Montgomery County Alarm Detail PO Box 2178 Conroe, TX 77305	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 20.00
	Date or dates debt was incurred 10/20/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number 4631	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.130	Nonpriority creditor's name and mailing address M-SCAPE LANDSCAPE MANAGEMENT LLC PO BOX 50925 DENTON, TX 76206	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 340.99
	Date or dates debt was incurred 8/1/13 - 10/1/13	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.131	Nonpriority creditor's name and mailing address MSPARK P O BOX 532536 ATLANTA, GA 30353-2536	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 47,865.16
	Date or dates debt was incurred 6/3/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number 3710	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.132	Nonpriority creditor's name and mailing address MY TECH TEXAS LLC 2201 LONG PRAIRIE RD STE 107-153 FLOWER MOUND, TX 75022	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,100.36
	Date or dates debt was incurred 3/5/14 - 7/29/14	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.133	Nonpriority creditor's name and mailing address NOLAN RYAN BEEF PO BOX 448 HUNTSVILLE, TX 77342-0448	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 1,270.04
	Date or dates debt was incurred 7/1/2013	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.134	Nonpriority creditor's name and mailing address NuCo2, Inc. P O Box 417902 Boston, MA 02241-7902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,794.30
	Date or dates debt was incurred 8/18/15 - 11/1/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.135	Nonpriority creditor's name and mailing address Oak Farms - San Antonio PO Box 200349 Dallas, TX 75320-0349	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 329.42
	Date or dates debt was incurred 11/4/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number 4227	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.136	Nonpriority creditor's name and mailing address Oak Farms/Schepps - Houston PO Box 973866 Dallas, TX 75397-3866	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,483.56
	Date or dates debt was incurred 10/30/15 - 11/13/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number 9350	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.137	Nonpriority creditor's name and mailing address Oak Farms/Schepps Dairy - Dallas PO Box 200300 Dallas, TX 75320-0300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,415.09
	Date or dates debt was incurred 10/29/15 - 11/12/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number 4634	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.138	Nonpriority creditor's name and mailing address Ohm's Law Electric & Air Condition 6420 Burdine Court Houston, TX 77085	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 272.01
	Date or dates debt was incurred 3/18/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.139	Nonpriority creditor's name and mailing address Orca Systems PO Box 200923 Arlington, TX 76006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 964.53
	Date or dates debt was incurred 7/22/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.140	Nonpriority creditor's name and mailing address Pak-Man Packaging & Supply Co 3930 Hartsdale Houston, TX 77063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 229.28
	Date or dates debt was incurred 4/9/2014	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.141	Nonpriority creditor's name and mailing address Peak Lighting Products, Inc. PO Box 51015 Colorado Springs, CO 80907	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 351.96
	Date or dates debt was incurred 6/12/2013	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.142	Nonpriority creditor's name and mailing address Peterson Equities, LLC 1912 Taft Av Loveland, CO 80538-3115	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 308,007.00
	Date or dates debt was incurred 03/01/15 - 01/1/16	Basis for the claim: Lease Rental	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.143	Nonpriority creditor's name and mailing address Plano Police Department False Alarm Reduction Unit, PO Box 860358 Plano, TX 75086-0358	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 50.00
	Date or dates debt was incurred 11/3/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number 3732	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.144	Nonpriority creditor's name and mailing address PLUMB CRAZY SYSTEMS P O BOX 131 MAGNOLIA, TX 77353	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 311.76
	Date or dates debt was incurred 10/16/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.145	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 79.92
	PM Realty Group	<i>Check all that apply.</i>	
	1440 Lake Front Circle, Suite 150	<input type="checkbox"/> Contingent	
	The Woodlands, TX 77380	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	3/27/2013	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.146	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 822.72
	Precise Panes	<i>Check all that apply.</i>	
	PO Box 701595	<input type="checkbox"/> Contingent	
	Dallas, TX 75370	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	9/18/15 - 10/19/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.147	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,758.91
	PRECISE TECHNICAL SERVICES INC	<i>Check all that apply.</i>	
	18616 KLEIN CHURCH RD	<input type="checkbox"/> Contingent	
	SPRING, TX 77379	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	6/8/15 - 8/15/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.148	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 58,854.50
	PREMIUM ASSIGNMENT CORPORATION	<i>Check all that apply.</i>	
	PO BOX 8800	<input type="checkbox"/> Contingent	
	TALLAHASSEE, FL 32314-8800	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	11/10/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.149	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 250.00
	Premium Roofing Systems, LLC	<i>Check all that apply.</i>	
	13436 McGrath	<input type="checkbox"/> Contingent	
	Houston, TX 77047	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	3/9/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.150	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 14,449.96
	Quill Corporation	<i>Check all that apply.</i>	
	P.O. Box 37600	<input type="checkbox"/> Contingent	
	Philadelphia, PA 19101-0600	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	2/25/15 - 9/30/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.151	Nonpriority creditor's name and mailing address RALPH THOMAS 10610 NICOLES PL TR HOUSTON, TX 77089	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 64.48
	Date or dates debt was incurred 11/12/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.152	Nonpriority creditor's name and mailing address Ralston Outdoor Advertising, LTD PO Box 29188 Dallas, TX 75229	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,105.00
	Date or dates debt was incurred 3/1/15 - 4/1/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.153	Nonpriority creditor's name and mailing address Randles Electric Service CO Inc. 2216 Moneda Avenue Haltom City, TX 76117	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 1,743.37
	Date or dates debt was incurred 8/27/13 - 11/27/13	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.154	Nonpriority creditor's name and mailing address Rayford Mechanical, Inc. 3520 Aldine Bender Road, Suite H Houston, TX 77032-3723	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 12,632.70
	Date or dates debt was incurred 7/22/15 - 7/31/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.155	Nonpriority creditor's name and mailing address Refrigeration Gaskets of Texas, Inc. P O Box 924703 Houston, TX 77292	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,567.29
	Date or dates debt was incurred 7/7/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number 023S	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.156	Nonpriority creditor's name and mailing address Reliable Commercial Roofing Services 4560 West 34th St., Suite H Houston, TX 77092	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,695.27
	Date or dates debt was incurred 7/17/15 - 8/13/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.157	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 3,381.03
	Reliance Air & Refrigeration	<i>Check all that apply.</i>	
	PO Box 460742	<input type="checkbox"/> Contingent	
	San Antonio, TX 78246	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	5/27/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.158	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 5,141.30
	Reliant Metro LTD	<i>Check all that apply.</i>	
	P O Box 733007	<input type="checkbox"/> Contingent	
	Dallas, TX 75373-3007	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	1/11/10 - 11/2/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	2064		
3.159	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 303.06
	REPUBLIC Beverage Company (Houston)	<i>Check all that apply.</i>	
	8045 N. Court Rd.	<input type="checkbox"/> Contingent	
	Houston, TX 77040-4392	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	1/16/2013	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	3424		
3.160	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 4,173.33
	Republic Services	<i>Check all that apply.</i>	
	P.O. Box 78829	<input type="checkbox"/> Contingent	
	Phoenix, AZ 85062-8829	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	8/31/15 - 10/31/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	3115		
3.161	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 13,536.68
	RISE COMMERCIAL SERVICES	<i>Check all that apply.</i>	
	330 RAYFORD ROAD # 213	<input type="checkbox"/> Contingent	
	SPRING, TX 77386	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	8/20/15 - 8/29/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.162	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 7,931.58
	RJ Young	<i>Check all that apply.</i>	
	P.O. Box 40623	<input type="checkbox"/> Contingent	
	Nashville, TN 37204-0623	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	8/4/15 - 11/2/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	L073		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.163	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>573.74</u>
	Robert Osvald - Carpet Cleaning	<i>Check all that apply.</i>	
	710 Belfort Drive	<input type="checkbox"/> Contingent	
	Rockwall, TX 75087	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>9/29/15 - 10/27/15</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.164	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>1,033.74</u>
	Roto-Rooter Plumbing & Drain Service	<i>Check all that apply.</i>	
	5672 Collections Center Dr	<input type="checkbox"/> Contingent	
	Chicago, IL 60693	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>2/20/2015</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.165	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>97,851.00</u>
	RPI Bryant Irvin, Ltd.	<i>Check all that apply.</i>	
	2929 Carlisle ST, #170	<input type="checkbox"/> Contingent	
	Dallas, TX 75204	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	<u>Lease Rental</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>10/01/15 - 1/1/16</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.166	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>2,177.46</u>
	S.T.E.D., Inc.	<i>Check all that apply.</i>	
	8777 Clay Road	<input type="checkbox"/> Contingent	
	Houston, TX 77080	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>2/26/14 - 12/31/14</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.167	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>25.00</u>
	Secretary of State of Texas	<i>Check all that apply.</i>	
	P.O. Box 12887	<input type="checkbox"/> Contingent	
	Austin, TX 78711-2887	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>11/17/2014</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.168	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>260.00</u>
	Self Opportunity, Inc	<i>Check all that apply.</i>	
	PO Box 292788	<input type="checkbox"/> Contingent	
	Lewisville, TX 75029	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>6/10/2015</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.169	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>8,588.58</u>
	Service Management Group	<i>Check all that apply.</i>	
	1737 McGee Street	<input type="checkbox"/> Contingent	
	Kansas City, MO 64108	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>6/10/15 - 9/21/15</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.170	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>3,035.43</u>
	Shelton Water Refining	<i>Check all that apply.</i>	
	2708 E Randol Mill Rd	<input type="checkbox"/> Contingent	
	Arlington, TX 76011	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>9/1/15 - 11/11/15</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.171	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>6,108.71</u>
	Shoes For Crews, LLC	<i>Check all that apply.</i>	
	P.O. Box 504634	<input type="checkbox"/> Contingent	
	St. Louis, MO 63150-4634	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>7/25/15 - 11/5/15</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.172	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>120.00</u>
	Silver Eagle Distributors	<i>Check all that apply.</i>	
	DEPT. 968, P O BOX 4346	<input type="checkbox"/> Contingent	
	HOUSTON, TX 77210-4346	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>9/16/2015</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.173	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>59,287.00</u>
	Southridge Lot 1D Partners, Lt	<i>Check all that apply.</i>	
	3311 Oak Lawn Avenue, Ste. 250	<input type="checkbox"/> Contingent	
	Dallas, TX 75219	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Lease Rental</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>07/11/15 - 01/1/16</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.174	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ <u>49.41</u>
	SPARKLETTS AND SIERRA SPRINGS	<i>Check all that apply.</i>	
	PO BOX 660579	<input type="checkbox"/> Contingent	
	DALLAS, TX 75266-0579	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	<u>5/11/14 - 7/6/14</u>	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.175	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 72.61
	Spec's Liquors	<i>Check all that apply.</i>	
	2410 Smith St	<input type="checkbox"/> Contingent	
	Houston, TX 77006	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	<u>1/31/15 - 4/1/15</u>	
	Last 4 digits of account number	<u>1693</u>	
		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.176	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,380.00
	Star Telegram	<i>Check all that apply.</i>	
	PO Box 901051	<input type="checkbox"/> Contingent	
	Fort Worth, TX 76101-2051	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	<u>8/31/2015</u>	
	Last 4 digits of account number		
		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.177	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 34,150.50
	Steger Towne Crossing II, L.P.	<i>Check all that apply.</i>	
	580 Decker DR, Suite 203	<input type="checkbox"/> Contingent	
	Irving, TX 75062	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Lease Rental</u>	
	Date or dates debt was incurred	<u>10/1/15 - 12/1/15</u>	
	Last 4 digits of account number		
		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.178	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 577.79
	Super, L.L.C.	<i>Check all that apply.</i>	
	P.O. Box 74234	<input type="checkbox"/> Contingent	
	Cleveland, OH 44194-1234	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	<u>7/15/2013</u>	
	Last 4 digits of account number	<u>1391</u>	
		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.179	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 119,704.00
	Supra Color Enterprises, Inc.	<i>Check all that apply.</i>	
	1980 North Atlantic Ave., Ste . 704	<input type="checkbox"/> Contingent	
	Cocoa Beach, FL 32931	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Lease Rental</u>	
	Date or dates debt was incurred	<u>12/1/15 - 01/1/16</u>	
	Last 4 digits of account number		
		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
3.180	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2,598.96
	SUPREME ROOFING SYSTEMS	<i>Check all that apply.</i>	
	P O BOX 619135	<input type="checkbox"/> Contingent	
	DALLAS, TX 75261-9135	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	<u>11/18/13 - 5/28/14</u>	
	Last 4 digits of account number		
		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.181	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 24,738.00
	Suriya Legacy LTD-wire	<i>Check all that apply.</i>	
	3838 Newark CT	<input type="checkbox"/> Contingent	
	Claremont, TX 91711	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Lease Rental	
	Date or dates debt was incurred	Is the claim subject to offset?	
	12/1/15 -01/1/16	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.182	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 632.43
	SYMPHONY ARLINGTON	<i>Check all that apply.</i>	
	P O BOX 202051	<input type="checkbox"/> Contingent	
	ARLINGTON, TX 76006	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	3/13/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.183	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 125.02
	TASTE MAKER FOODS	<i>Check all that apply.</i>	
	ACCOUNTS RECEIVABLE, 3151 GREENFIELD RD	<input type="checkbox"/> Contingent	
	PEARL, MS 39208	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	5/29/13 - 6/24/13	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.184	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 27.00
	TAYLOR DESIGNS	<i>Check all that apply.</i>	
	215 MORNINGSIDE DRIVE	<input type="checkbox"/> Contingent	
	LEAGUE CITY, TX 77573	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/16/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.185	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 726.09
	Taylor's Rental Equipment CO	<i>Check all that apply.</i>	
	220 University Drive	<input type="checkbox"/> Contingent	
	Fort Worth, TX 76107	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	5/13/14 - 10/31/14	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.186	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 172.65
	Technology Media Group	<i>Check all that apply.</i>	
	1262 Viceroy Drive	<input type="checkbox"/> Contingent	
	Dallas, TX 75247	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	4/25/13 - 6/4/13	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.187	Nonpriority creditor's name and mailing address TEXAS ELECTRICAL 2140 MERRITT DR GARLAND, TX 75041-6135	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,133.22
	Date or dates debt was incurred 10/16/2015	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.188	Nonpriority creditor's name and mailing address Texas Filter Service, Inc. 10276 Robinson Drive Tyler, TX 75703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 880.00
	Date or dates debt was incurred 9/24/15 - 10/16/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.189	Nonpriority creditor's name and mailing address The Perfect Wedding Guide (Houston) MGM Publications, Inc, PO Box 361 Montgomery, TX 77356	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 1,100.00
	Date or dates debt was incurred 9/15/2013	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.190	Nonpriority creditor's name and mailing address Time Warner Cable P.O. Box 60074 City of Industry, CA 91716-0074	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 36.42
	Date or dates debt was incurred 1/22/09 - 11/16/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number 2916	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.191	Nonpriority creditor's name and mailing address Time Warner Cable (was60074) P.O. Box 60074 City of Industry, CA 91716-0074	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ 1,100.13
	Date or dates debt was incurred 1/22/09 - 11/16/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number 2916	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.192	Nonpriority creditor's name and mailing address TNT'S GREENER IMAGE LAWN & LANDSCAPE C/O TRAVIS S WILLIAMS, PO BOX 573 FORNEY, TX 75126	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,907.39
	Date or dates debt was incurred 9/3/15 - 11/1/15	Basis for the claim: Goods & Services	
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.193	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 8,128.80
	Travis Mechanical LLC	<i>Check all that apply.</i>	
	1919 Old Denton Road	<input type="checkbox"/> Contingent	
	Carrollton, TX 75006	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/28/13 - 12/18/13	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.194	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,736.48
	Triangle Air Care, Inc.	<i>Check all that apply.</i>	
	1575 South Major	<input type="checkbox"/> Contingent	
	Beaumont, TX 77707	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	3/19/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.195	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2,638.31
	Trio Electric Ltd.	<i>Check all that apply.</i>	
	PO Box 925473	<input type="checkbox"/> Contingent	
	Houston, TX 77292-5473	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	7/28/15 - 9/17/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.196	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 154.26
	Tron Electric	<i>Check all that apply.</i>	
	28918 S. Plum Creek	<input type="checkbox"/> Contingent	
	Spring, TX 77386	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	1/23/2013	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.197	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 20,880.00
	Trustwave Holdings, Inc.	<i>Check all that apply.</i>	
	75 Remittance Drive, Suite 6000	<input type="checkbox"/> Contingent	
	Chicago, IL 60675-6000	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	9/26/14 - 10/31/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.198	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 33,855.75
	TSP Holdings, Ltd.	<i>Check all that apply.</i>	
	PO Box 159	<input type="checkbox"/> Contingent	
	Bellaire, TX 77402	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Lease Rental</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/1/15 - 01/1/16	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.199	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 150.13
	Tundra Specialties	<i>Check all that apply.</i>	
	PO Box 20670	<input type="checkbox"/> Contingent	
	Boulder, CO 80308-3670	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	3/25/2013	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.200	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 37,820.73
	TXU Energy	<i>Check all that apply.</i>	
	PO Box 650638	<input type="checkbox"/> Contingent	
	Dallas, TX 75265-0638	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	6/21/13 - 7/18/13	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	1772		
3.201	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 69,642.45
	Tyco Integrated Security (Formerly ADT)	<i>Check all that apply.</i>	
	P.O. Box 371994	<input type="checkbox"/> Contingent	
	Pittsburgh, PA 15250-7994	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	11/10/14 - 10/30/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
	1889		
3.202	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2,727.50
	United Restaurant Supply, Inc.	<i>Check all that apply.</i>	
	725 Clark Place	<input type="checkbox"/> Contingent	
	Colorado Springs, CO 80915	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	6/10/14 - 10/13/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.203	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 966,623.21
	US Foodservice, Inc.	<i>Check all that apply.</i>	
	Fish License/Dealer #17108, P.O. Box 843202	<input type="checkbox"/> Contingent	
	Dallas, TX 75284-3202	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	8/17/15 - 11/21/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.204	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2,982.00
	Vent Works	<i>Check all that apply.</i>	
	PO Box 210966	<input type="checkbox"/> Contingent	
	Bedford, TX 76095	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	Goods & Services	
	Date or dates debt was incurred	Is the claim subject to offset?	
	9/16/15 - 11/2/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.205	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 323.02
	VORTEX	<i>Check all that apply.</i>	
	FILE 1525, 1801 W. OLYMPIC BLVD	<input type="checkbox"/> Contingent	
	PASADENA, CA 91199-1525	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	7/24/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.206	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 3,272.14
	Voss Lighting	<i>Check all that apply.</i>	
	Attn: Accounts Receivable, P.O. Box 22159	<input type="checkbox"/> Contingent	
	Lincoln, NE 22159	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	6/27/15 - 11/10/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.207	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 2,100.45
	Waste Connections of Texas	<i>Check all that apply.</i>	
	District 5120, P O Box 660177	<input type="checkbox"/> Contingent	
	Dallas, TX 75266-0177	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	11/1/2015	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.208	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 1,313.41
	WASTE MANAGEMENT (PO BOX 660345)	<i>Check all that apply.</i>	
	PO BOX 660345	<input type="checkbox"/> Contingent	
	DALLAS, TX 75266-0345	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	10/20/15 - 10/22/15	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.209	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 21,252.02
	WD University Plaza S/C/ Ltd. c/o Sabre Realty Management, Inc.	<i>Check all that apply.</i>	
	16475 Dallas Parkway, Suite 800	<input type="checkbox"/> Contingent	
	Addison, TX 75001	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim:	<u>Lease Rental</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	11/1/15 - 01/1/16	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	
3.210	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$ 6,285.50
	Webb General Construction	<i>Check all that apply.</i>	
	706 Springdale Road	<input type="checkbox"/> Contingent	
	Bedford, TX 76021	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
	Basis for the claim:	<u>Goods & Services</u>	
	Date or dates debt was incurred	Is the claim subject to offset?	
	5/7/2013	<input type="checkbox"/> No	
	Last 4 digits of account number	<input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

			Amount of claim
3.211	Nonpriority creditor's name and mailing address WEINGARTEN REALTY INVESTORS PO Box 924133 Houston, TX 77292 Date or dates debt was incurred <u>9/1/15 - 11/1/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>58,628.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.212	Nonpriority creditor's name and mailing address West Memorial Mud PO BOX 684000 Houston, TX 77268-4000 Date or dates debt was incurred <u>11/4/2015</u> Last 4 digits of account number <u>2089</u>	As of the petition filing date, the claim is: \$ <u>818.08</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods & Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.213	Nonpriority creditor's name and mailing address WINDSTREAM / PAETEC PO BOX 9001013 LOUISVILLE, KY 40290-1013 Date or dates debt was incurred <u>11/4/2015</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: \$ <u>2,269.20</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods & Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.214	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.215	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.2	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.3	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.4	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.5	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.6	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.7	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.8	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.9	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.10	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.11	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.12	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.13	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.14	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.15	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.16	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.17	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.18	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.19	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.20	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.21	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.22	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.23	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.24	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.25	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _
4.26	_____ _____ _____	Line <input type="checkbox"/> Not listed. Explain _____	____ _

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

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

Total of claim amounts

5a. Total claims from Part 1 5a. \$ 3,633,853.32

5b. Total claims from Part 2 5b. + \$ 5,197,486.30

5c. Total of Parts 1 and 2 5c. \$ 8,831,339.62
 Lines 5a + 5b = 5c.

Fill in this information to identify the case and this filing:	
Debtor Name	<u>Restaurants Acquisition I, LLC</u>
United States Bankruptcy Court for the: _____	District of <u>Delaware</u> <small>State</small>
Case number (If known):	<u>15-12406 (KG)</u>

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 A/B, D, E/F and Summary**
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

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

Executed on 03/03/2016
MM / DD / YYYY

x 
Signature of individual signing on behalf of debtor

W. Craig Barber
Printed name

President
Position or relationship to debtor