| FII | l in this information to iden                                      | tify your case:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                           |
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| -   | ficial Form 201                                                    | on for Non-Individuals Fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ling for Donkminter                                                                                 |                                           |
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| For | more information, a separa                                         | ate document, Instructions for Bankruptcy Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | idditional pages, write the debtor's name and case number (if<br>for Non-Individuals, is available. | known).                                   |
| 1.  | Debtor's name                                                      | Hawaii Island Air, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     | . 111-2-11-2-11-2-2-2-2-2-2-2-2-2-2-2-2-2 |
| 2.  | All other names debtor used in the last 8 years                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                           |
|     | Include any assumed names, trade names and doing business as names | DBA Island Air                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                           |
| 3.  | Debtor's federal<br>Employer Identification<br>Number (EIN)        | 99-0198708                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                           |
| 4.  | Debtor's address                                                   | Principal place of business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mailing address, if different from principal place o                                                | )f                                        |
|     |                                                                    | 550 Paiea Street<br>Suite 236<br>Honolulu, HI 96819                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                                           |
|     |                                                                    | Number, Street, City, State & ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | P.O. Box, Number, Street, City, State & ZIP Code                                                    | COMMENSAGE NAME OF THE                    |
|     |                                                                    | Honolulu<br>County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Location of principal assets, if different from principal place of business                         | cipal                                     |
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| 5.  | Debtor's website (URL)                                             | www.islandair.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     | ON - FI NOVE F - MAI LINING - 11          |
| 6.  | Type of debtor                                                     | Corporation (including Limited Liability Compan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | v (LLC) and Limited Lighility Partnership (LLD)                                                     | ************                              |
|     |                                                                    | ☐ Partnership (excluding LLP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (LEO) and Emitted Elability Partite(SNIP (LEP))                                                     |                                           |
|     |                                                                    | Other, Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                           |
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| 1200       | Name Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>&gt;</b>                                                     | enterior contrata describer 19 1 - 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| 7.         | Describe debtor's business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                           | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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|            | A STATE OF STATE OF MINISTERS AND ARCHITECTURES | 4811                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 8.         | Under which chapter of the Bankruptcy Code is the debtor filing?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Check one:                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    | The second secon |  |  |
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Check all that apply:                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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If the debtor is a small ce sheet, statement of operations, cash-flow all of these documents do not exist, follow the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
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File the duals Filing for Bankruptcy under Chapter 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
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| э.         | cases filed by or against                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| 10.        | Are any bankruptcy cases                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ₩ No                                                            | APPARTING CONTRACTOR OF SECURITIES .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                    | the state of the s |  |  |
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| 11.                      | Why is the case file                        | d in Chec     | Check all that apply:                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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|                          | this district?                              |               | Debtor has h<br>preceding the                                                                  | ad its domicile, prine<br>adate of this petition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | icipal place of business, or principal asset<br>n or for a longer part of such 180 days tha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 12.                      | Does the debtor ow have possession of       |               | )                                                                                              | TOWNS THE STORE AND THE PROGRAMMENTS TO SELECT A SECTION OF THE STORE AND THE SECTION OF THE SEC | The second secon | THE RESIDENCE OF THE PROPERTY  |  |  |  |
|                          | real property or per<br>property that needs | sonal 🗌 Ye    | es. Answer b                                                                                   | Answer below for each property that needs immediate attention. Attach additional sheets if needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|                          | immediate attention                         | 1?            | Why doe                                                                                        | Why does the property need immediate attention? 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| 15.                      | Estimated Assets                            | □ \$0         | - \$50,000                                                                                     | COMMON TO THE ASSESSMENT CONFESSION OF THE STATE OF THE S | ☐ \$1,000,001 - \$10 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ \$500,000,001 - \$1 billion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
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| 16.                      | Estimated liabilities                       |               | - \$50,000                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | f <sup>**</sup> 1 (14, 000, 004, 000)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Print  |  |  |  |
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## Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement 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.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

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

Executed on

Signature of authorized representative of debtor

David Uchiyama

Printed name

**Chief Executive Officer** 

18. Signature of attorney



MM / DD / YYYY

Ted N. Pettit

Printed name

Case Lombardi & Pettit, a Law Corporation

Firm name

737 Bishop Street, Suite 2600

Honolulu, HI 96813

Number, Street, City, State & ZIP Code

Contact phone

(808) 547-5400

Email address

tpettit@caselombardi.com

4287

Bar number and State

| Fill in this information to identify the case:                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Debtor name Hawaii Island Air, Inc.                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| United States Bankruptcy Court for the: DISTRICT OF HAWAII                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Case number (if known)                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                | Check if this is an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                | amended filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Official Form 202                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Declaration Under Penalty of Perjury for Non-Individual                                                                                                                                                                                                                                                                                                                        | ual Debtors 12/15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partr form for the schedules of assets and liabilities, any other document that requires a declaration that is not amendments of those documents. This form must state the individual's position or relationship to the deland the date. Bankruptcy Rules 1008 and 9011. | included in the document, and any<br>otor, the identity of the document,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| WARNING Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtai connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, 1519, and 3571.                                                                                                                                                 | ning money or property by fraud in or both. 18 U.S.C. §§ 152, 1341,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Declaration and signature                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent individual serving as a representative of the debtor in this case.                                                                                                                                                                                             | ent of the partnership; or another                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| I have examined the information in the documents checked below and I have a reasonable belief that the in                                                                                                                                                                                                                                                                      | formation is true and correct:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul> <li>□ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)</li> <li>□ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)</li> </ul>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Schedule H: Codebtors (Official Form 206H)                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Amended Schedule  Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and                                                                                                                                                                                                                                                              | The state of the s |
| Other document that requires a declaration                                                                                                                                                                                                                                                                                                                                     | Are Not Insiders (Official Form 204)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| I declare under penalty of perjury that the foregoing is t∾e and correct.                                                                                                                                                                                                                                                                                                      | demonstrative of the contract of the state o |
| Executed on 10/16/2017 x Dollar                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature of Individual signing on behalf of debtor                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| David Uchiyama Printed name                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Chief Executive Officer                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

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Bost Case Hanlouptcy

Position or relationship to debtor

| Fill in this information to identify the case:             |                       |
|------------------------------------------------------------|-----------------------|
| Debtor name Hawaii Island Air, Inc.                        |                       |
| United States Bankruptcy Court for the: DISTRICT OF HAWAII | ☐ Check if this is an |
| Case number (if known):                                    | amended filing        |

## Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

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

| Name of creditor and complete mailing address, including zip code                                     | and email address of creditor contact | Nature of claim<br>(for example, trade<br>debts, bank loans,<br>professional services, | Indicate if claim<br>is contingent,<br>unliquidated, or<br>disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |                                             |                 |  |
|-------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|--|
|                                                                                                       |                                       | and government contracts)                                                              |                                                                     | Total claim, if partially secured                                                                                                                                                                                             | Deduction for value of collateral or setoff | Unsecured claim |  |
| AERO PRECISION<br>REPAIR &<br>OVERHAUL CO<br>580 S. MILITARY<br>TRAIL<br>Deerfield Beach, FL<br>33442 |                                       |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$60,851.67     |  |
| AIRLINES<br>COMMITTEE OF<br>HAWAII INC.<br>300 RODGERS<br>BLVD #62<br>Honolulu, HI<br>96819-1832      |                                       |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$160,674.04    |  |
| AMADEUS REVENUE INTEGRITY C/O AMADEUS NORTH AMERICA 3470 NW 82ND AVE, 10TH FL Miami, FL 33122         |                                       |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$172,367.30    |  |
| ARTHUR J<br>GALLAGHER RISK<br>MGMT SVC IN<br>PO BOX 742205<br>Los Angeles, CA<br>90074-2205           |                                       |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$423,383.86    |  |
| AVIALL SERVICES<br>INC<br>PO BOX 842267<br>Dallas, TX<br>75284-2267                                   |                                       |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$93,787.03     |  |

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 1

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|     | ทก |  |

Hawaii Island Air, Inc.

Vlame

Case number (if known)

| Name of creditor and complete mailing address, including zip code                                      | Name, telephone number<br>and email address of<br>creditor contact | Nature of claim<br>(for example, trade<br>debts, bank loans,<br>professional services, | Indicate if claim<br>is contingent,<br>unliquidated, or<br>disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |                                             |                 |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|
|                                                                                                        |                                                                    |                                                                                        |                                                                     | Total claim, if partially secured                                                                                                                                                                                             | Deduction for value of collateral or setoff | Unsecured claim |
| BOMBARDIER AIRCRAFT SERVICES LOCKBOX 2007 COLLECTION DRIVE Chicago, IL                                 |                                                                    |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$703,281.29    |
| 60693-2007<br>CALIFORNIA BANK<br>AND TRUST<br>PO BOX 19878<br>San Diego, CA<br>92159                   |                                                                    |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$89,726.91     |
| DEPARTMENT OF<br>TRANSPORTATION<br>AIRPORT DIVISION<br>400 RODGERS<br>BLVD, SUITE 700<br>Honolulu, HI  |                                                                    |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$1,508,565.60  |
| 96819-1880<br>FLIGHTSAFETY<br>INTERNATIONAL<br>INC.<br>PO BOX 75691                                    |                                                                    |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$71,486.84     |
| Charlotte, NC 28275 HAWAII FUELING FACILITIES CORP C/O SIGNATURE FLIGHT SUPPORT 7240 HAYVENHURST PLACE |                                                                    |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$92,346.06     |
| Van Nuys, CA 91406<br>HOLLAND &<br>KNIGHT LLP<br>PO BOX 864084<br>Orlando, FL                          |                                                                    |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$197,691.42    |
| 32886-4084<br>HP ENTERPRISE<br>SERVICES, LLC<br>PO BOX 281935<br>Atlanta, GA                           |                                                                    |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$224,676.79    |
| 30384-1935<br>IHEARTMEDIA<br>FILE 56107<br>Los Angeles, CA<br>90074-6107                               |                                                                    |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$50,090.64     |
| READY JET INC.<br>1 WARREN STREET<br>Johnstown, NY<br>12095                                            |                                                                    |                                                                                        |                                                                     |                                                                                                                                                                                                                               |                                             | \$82,993.90     |

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 2

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Best Case Bankruptcy

Debtor

Hawaii Island Air, Inc.

Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code                                          | Name, telephone number<br>and email address of<br>creditor contact | Nature of claim (for example, trade debts, bank loans, professional services,  Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. |                                   |                                             |                 |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------|-----------------|
|                                                                                                            |                                                                    |                                                                                                                                           | ,                                                                                                                                                                                                                             | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| REGIONAL ONE,<br>INC.<br>CL 600085<br>PO BOX 24620<br>West Palm Beach,                                     |                                                                    |                                                                                                                                           |                                                                                                                                                                                                                               |                                   |                                             | \$57,030.00     |
| FL 33416 SABRE, INC. 7285 COLLECTION CENTER DRIVE Chicago, IL 60693                                        |                                                                    |                                                                                                                                           |                                                                                                                                                                                                                               |                                   |                                             | \$97,428.05     |
| SAS SERVICES<br>GROUP INC.<br>PO BOX 79632<br>City of Industry, CA<br>91716-9632                           |                                                                    |                                                                                                                                           |                                                                                                                                                                                                                               |                                   |                                             | \$108,048.56    |
| SOUTHERN CROSS<br>AVIATION, INC.<br>11120 NW MOORES<br>VALLEY RD<br>Yamhill, OR<br>97148-8011              |                                                                    |                                                                                                                                           |                                                                                                                                                                                                                               |                                   |                                             | \$51,800.00     |
| SPECTRUM REACH<br>CHARTER<br>COMMUNICATION<br>HOLDINGS, LLC<br>PO BOX 101365<br>Pasadena, CA<br>91189-0005 |                                                                    |                                                                                                                                           |                                                                                                                                                                                                                               |                                   |                                             | \$136,714.99    |
| WELLS FARGO BANK NORTHWEST, N.A. 299 SOUTH MAIN ST, 5TH FLR MAC: 1228-051 Salt Lake City, UT 84111         |                                                                    |                                                                                                                                           | Disputed                                                                                                                                                                                                                      |                                   |                                             |                 |

## United States Bankruptcy Court District of Hawaii

| In re Hawaii Island Air, Inc.                                                                          |                                          | Case No.             |                               |
|--------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------|-------------------------------|
|                                                                                                        | Debtor(s)                                | Chapter              | 11                            |
| VERIFICA                                                                                               | TION OF CREDITOR                         | RMATRIX              |                               |
| I, the Chief Executive Officer of the corporation nat<br>true and correct to the best of my knowledge. | med as the debtor in this case, he       | reby verify that the | attached list of creditors is |
| ADDRESSES FOR CREDITORS TO FOLLO                                                                       | OW.                                      |                      |                               |
| Date: 10/16/2017                                                                                       | David Uchiyama/Chie Exec<br>Signer/Title | utive Officer        |                               |

AERO PRECISION REPAIR & OVERHAUL CO 580 S. MILITARY TRAIL Deerfield Beach, FL 33442

AIRLINES COMMITTEE OF HAWAII INC. 300 RODGERS BLVD #62 Honolulu, HI 96819-1832

AMADEUS REVENUE INTEGRITY C/O AMADEUS NORTH AMERICA 3470 NW 82ND AVE, 10TH FL Miami, FL 33122

ARTHUR J GALLAGHER RISK MGMT SVC IN PO BOX 742205 Los Angeles, CA 90074-2205

AVIALL SERVICES INC PO BOX 842267 Dallas, TX 75284-2267

BOMBARDIER AIRCRAFT SERVICES LOCKBOX 2007 COLLECTION DRIVE Chicago, IL 60693-2007

CALIFORNIA BANK AND TRUST PO BOX 19878 San Diego, CA 92159

CARBONVIEW LIMITED, LLC 101 Ignacio Valley Road, Ste. 320 Walnut Creek, CA 94596

DAVID UCHIYAMA 268 Elelupe Road Honolulu, HI 96821 Department of Taxation State of HI, Bankruptcy Unit P.O. Box 259 Honolulu, HI 96809-0259

DEPARTMENT OF TRANSPORTATION AIRPORT DIVISION 400 RODGERS BLVD, SUITE 700 Honolulu, HI 96819-1880

ELIX ASSETS 8 LIMITED SECOND FLOOR, 12/13 EXCHANGE PLACE CUSTOMER HOUSE DOCKS, IFSC DUBLIN 1, IRELAND

FLIGHTSAFETY INTERNATIONAL INC. PO BOX 75691 Charlotte, NC 28275

H.I.S.

HAWAII FUELING FACILITIES CORP C/O SIGNATURE FLIGHT SUPPORT 7240 HAYVENHURST PLACE Van Nuys, CA 91406

HOLLAND & KNIGHT LLP PO BOX 864084 Orlando, FL 32886-4084

HP ENTERPRISE SERVICES, LLC PO BOX 281935 Atlanta, GA 30384-1935

IHEARTMEDIA FILE 56107 Los Angeles, CA 90074-6107 Interal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

MALAMA INVESTMENTS, LLC 820 Mililani St, Ste. 600 Honolulu, HI 96813

OHANA AIRLINE HOLDINGS, LLC 101 Ygnacio Valley Rd, Ste. 320 Walnut Creek, CA 94596

PACAP AVIATION FINANCE LLC 820 Mililani St. Ste. 600 Honolulu, HI 96813

PANDA TRAVEL INC 1017 KAPAHULU AVENUE Merizo, GU 96916

PANDA TRAVEL INC. 1017 KAPAHULU AVENUE Honolulu, HI 96816

PAUL MARINELLI 101 Ignacio Valley Road, Ste. 320 Walnut Creek, CA 94596

READY JET INC. 1 WARREN STREET Johnstown, NY 12095

REGIONAL ONE, INC. CL 600085 PO BOX 24620 West Palm Beach, FL 33416 RESIDENCE INN BY MARRIOTT 16201 WEST VALLEY HIGHWAY Seattle, WA 98188

SABRE, INC. 7285 COLLECTION CENTER DRIVE Chicago, IL 60693

SAS SERVICES GROUP INC. PO BOX 79632 City of Industry, CA 91716-9632

SNOWBIZ

SOUTHERN CROSS AVIATION, INC. 11120 NW MOORES VALLEY RD Yamhill, OR 97148-8011

SPECTRUM REACH CHARTER COMMUNICATION HOLDINGS, LLC PO BOX 101365 Pasadena, CA 91189-0005

STEVEN B. MAINS, ESQ. MAINS & BLOOM PB 267 LOCUST AVE, STE. A San Rafael, CA 94901

SYNOVUS BANK dba COLUMBUS BANK & TRUST COMPANY

TSYS fka TRANSFIRST 12202 Airport Blvd, Ste. 100 Broomfield, CO 80021 WELLS FARGO BANK NORTHWEST, N.A. 299 SOUTH MAIN ST, 5TH FLR

MAC: 1228-051

Salt Lake City, UT 84111

Vend **Vend Name** Run Date: 10/16/2017 ADDRESSES FOR EACH CREDITOR TO FOLLOW: W1152 DEPARTMENT OF TRANSPORTATION BOM 1007 BOMBARDIER AIRCRAFT SERVICES ART 2482 ARTHUR J GALLAGHER RISK MGMT SVC INC. HP ENTERPRISE SERVICES, LLC HP 0915 W4092 **HOLLAND & KNIGHT LLP** W4116 AMADEUS REVENUE INTEGRITY W2847 AIRLINES COMMITTEE OF HAWAII, Inc. OCE 0316 SPECTRUM REACH SAS 1016 SAS SERVICES GROUP INC. W4109 SABRE, INC. W1040 AVIALL SERVICES INC W4051 HAWAII FUELING FACILITIES CORP CBT 3081 CALIFORNIA BANK AND TRUST REA 0713 READY JET INC. W2360 FLIGHTSAFETY INTERNATIONAL INC. AER 0974 AERO PRECISION REPAIR & OVERHAUL CO. REG 0408 REGIONAL ONE, INC. W4004 SOUTHERN CROSS AVIATION, INC. HEA 0816 IHEARTMEDIA RES 1410 RESIDENCE INN BY MARRIOTT W2506 PANDA TRAVEL INC W2706 WILKERSON CO, INC W3007 CEVA FREIGHT LLC STA 1213 STANDARD REGISTER ILI 0316 **ILIMA TOURS & TRANSPORTATION** KGM 0314 KGMB MENAIR 91 MENTAIR GROUP PRO LLC PAC 1116 PACAP MANAGEMENT SOLUTIONS, LLC TIM 1005 LEVEL (3) COMMUNICATIONS PACAI 1216 PACIFICAP MANAGEMENT, INC. W1250 **FEDEX** W2942 SIGNATURE FLIGHT SUPPORT DEL 0416 DELAWARE SECRETARY OF STATE REV 0315 REVENUE MANAGEMENT SYSTEMS, INC. ATR 0712 ATR AMERICAS, INC. PRI 0113 HAWAII PRINCE HOTEL WAIKIKI & GOLF CLUB HOG 0617 HOGAN LOVELLS US LLP COM 0705 COMMUNICATIONS PACIFIC, INC. W2381 ISLAND MAID, INC. AER 0212 AERO SPECIALTIES, INC. PRA 0205 PRATT & WHITNEY COMPONENT SOLUTION, INC. KAY 0516 KAYAK SOFTWARE CORP. RHE 0516 RHEINLAND AIR SERVICE GMBH FOU 0209 FOUR SEASONS RESORTS PLU 0716 I PLUS CONNECT TGD 347 Travelport Global Distribution STERLING COURIER SYSTEMS W2832 KIY 1016 LES KIYUNA XCE 0617 XCED AVIATION SERIVCES OMN 1213 OMNIDATA SERVICES GROUP LLC DAS 0817 DASI LLC THA 0913 THALES AVIONICS, INC. PUL 0514 PULAMA LANAI PRI 0716 PRICELINE.COM COR 0614 7132328 CANADA LTD FED 0817 FEDERAL AVITION ADMINISTRATION PACMG 14' PACIFIC MEDIA GROUP W1396 JEPPESEN SANDERSON, INC. AIRLINE PILOTS ASSOCIATION U.S. Bankryetey Court & Page 15 of 19 SUM 1013 SUMMIT MEDIA LLC KHNL KHNL UA 0406 **UNITED AIRLINES** NAV 0615 NAVBLUE INC. UNI 0177 UNICAL AVIATION, INC. COLBURN, CHRIS W2877 AIR 0705 AIR SERVICE HAWAII, INC. ZOD TX ZODIAC AIRCATERING EQUIPMENT KONG 1411 KONG RADIO GROUP AIRLINES REPORTING CORPORATION W4093 MET 0116 METLIFE - GROUP BENEFITS VBAERO 08 VIC BEDROSSIAN AERO, INC. W3004 HAWAII TEAMSTERS LOCAL 996 CAS 0917 CASE LOMBARDI & PETTIT A LAW CORPORATION CAV 0817 CAVOK ESP 1216 EVENT SERVICES & PRODUCTIONS HAWAII, LLC UP 1016 **UPSPRING MEDIA** AD 0616 ADROLL, INC. TOS 1115 TOSHIBA FINANCIAL SERVICES AVI 0816 AVIATION INTERTEC SERVICES KE 1016 KE ENTERPRISE, LLC NEW 0516 NEW WEST BROADCASTING CORP. EAN 0115 EAN SERVICES, LLC INN 5296 INNOVATIVE AIRCRAFT SOLUTIONS, INC. TUN 1115 TUNISTA SERVICES, LLC OH 3292 TRACEY OH VERI 0209 VERIZON WIRELESS W2263 KELL-STROM TOOL CO INC CIN 0510 CINTAS CORPORATION NO 2 HMS 0705 HMS HOST KUM 0617 KUMABE HR WON 0616 BEN WONG LLC AIR 0614 AIRCRAFT TRADING INC. BAR 0105 BARFIELD INC. ROC 1213 ROCKWELL COLLINS, INC. SHA 0515 SHAN HIRAOKA LLC UNI 0206 UNIVERSAL AVIONICS SYSTEMS CORP. AIR 1012 AIRMAX SYSTEM INC. DOC 0917 DOCUSIGN INC. KUM 1213 OHANA BROADCAST CO, LLC IATA IATA RES 0816 RESONATE HAWAII LLC AER 0513 AERODATA HAW 0716 HAWAIIAN NETWORK, INC. TOR 0517 TORRINGTON DISTRIBUTORS OHA 1016 ALISON K OHAMA W2604 DASH GROUP INC W2424 KO'OLAU AVIATION SERVICES, INC GET 0916 GETREAL TECHNOLOGY SOLUTIONS, LLC REG 0505 REGIONAL AIRLINE SUPPORT GROUP EAG 0713 EAGLE TUGS LLC W2266 HERBER AIRCRAFT SERVICE INC DEL 0505 DELL MARKETING L.P. INN 0410 INNODYNE SYSTEMS, INC. HAW 0217 HAWAIIAN EXPEDITERS HAW 1111 HAWAIIAN ISLES PETROLEUM, LLC. WES 0217 WEST OAHU AGGREGATE CO, INC. SOF 0217 SOFTLINE SOLUTIONS LLC CEN 0105 CENTERPLATE W2576 TOSHIBA BUSINESS SOLUTIONS W2327 GARSITE/PROGRESS LLC ACC 0514 ACCESS INFORMATION PROTECTED WSI CORPORATION

U.S. Bankruptey Country Hawaii S#17-02078 Dkt # 1 Filed 10/16/17 Page 16 of 19

W2010 **GBC BOXES & PACKAGING** ID90T ID90T, Inc. HAW 5775 HAWAII MODULAR SPACE OLY 1216 OLYMPUS FINANCIAL SERVICES W1554 OAHU AIR CONDITIONING, INC. W1323 **GRAINGER** INV 0317 INVENTORY LOCATOR SVC LLC HOL 0817 HOLMSTROM, JAY LEW 0817 LEWIS, DEVERSON W1355 HAWAII STATIONERY CO., LTD. W1766 AIRPORT HONOLULU HOTEL FIS 0206 FISHER HAWAII AME 0917 AMERICAN SOLUTIONS FOR BUSINESS PIEDMONT AVIATION COMPONENT PIE AVI KAP 0317 KAPONO PMPAH NA'ILI'ILI SUN 0613 SUNSHINE AVIONICS LLC W2921 HRD AERO SYSTEMS INC W2901 MIDWEST AERO SUPPORT INC APP 1216 APPLE FINANCIAL SERVICES CEN 0107 CENTRAL PACIFIC REBUILDERS GM 0716 **GM DELIVERY SERVICES LLC** AVI 0812 AVIATION INVENTORY RESOURCES KAM 0317 KAMA'AINA, LLC W4147 AMPCO EXPRESS W4108 AIRLINE TARIFF PUBLISHING CO. STA 1013 STARLINE SYSTEMS, INC. KALIMA 14' KA LIMA O MAUI W1320 GOLDWINGS SUPPLY SERVICE, INC. BL 5572 **BL TIRES** W1304 **HAWAII GAS** W4001 **FASTENAL** W1019 GENUINE PARTS CO. HAW 0817 HAWAII550 LLC W2524 SAFETY SYSTEMS & SIGNS HAWAII, INC. W1119 CENTERSCALE W2704 **GOODRICH CORPORATION** YAG 8420 YAGODICH, FRANK FLY 0617 FLY AIR LLC HAWN 021( HAWAIIAN TELCOM W2939 WENCOR ACCOUNTS RECEIVABLE BBB 0705 BETTER BUSINESS BUREAU OF HAWAII INC LUF 9384 Lufthansa Systems AG HONEYWELL INTERNATIONAL INC. W2205 MAR 0508 MARR JONES & WANG A LIMITED LIA LAW PART W2597 PARKER HANNIFIN CORPORATION W2340 MR SANDMAN INC BES 0311 BEST WESTERN THE PLAZA HOTEL W2039 **ROBERT'S HAWAII TOURS** W2733 TRANSPORT WORKERS UNION OF AMERICA TRA 0216 TRANSPACIFIC ASSOCIATES, INC. HONOLULU INT'L AIRPORT HNL PIT 1205 PITNEY BOWES ASI 0705 SIGNATURE FLIGHT SUPPORT W4034 MEDAIRE, INC. RHO 1116 SUSAN RHODES AIR 1216 AIRSPACE TECHNOLOGIES AD 0516 ADSWERVE, INC. CIT 0713 CITIBANK NA W1746 **SMARTGRAPHICS** W2135 ULINE FED 1114 FEDEX FREIGHT RD TECHNOLOGY OF HAWAII W2009 KLX 9172 KLX, INC.

CBTAXI 11'CB TAXI AFL 0205 AFLAC WBA 0514 WBAT FOR AVIATION SAFETY, INC. W1373 HYDRA AIR PACIFIC, INC. ALA 1016 ALAKA'I MECHANICAL CORP. DIAZ DIAZ, ERNESTO NADILO NADILO, DAVID KAU 0816 KAUAI BAGGAGE SERVICE, LLC W2667 MALOLO BEVERAGES & SUPPLIES COR 0313 CORODATA RECORDS MANAGEMENT, INC. UNI 0105 UNITEK SOLVENT SVC INC. REF 1115 REFERENTIA SYSTEMS INC. COU 0113 COURTYARD BY MARRIOTT TAS 0211 TASC - CLIENT INVOICES W2819 LABELMASTER W2729 CHEMSEARCH AU'S EXTINGUISHER SERVICE, INC. AU 1015 W2369 AMPCO SYSTEM PARKING ARC 0417 ARC DOCUMENT SOLUTIONS, LLC MEA 0106 HAWAII DEPT OF AGRICULTURE PHS 0214 PURE HEALTH SOLUTIONS INC. W2062 CITY AND COUNTY OF HONOLULU W2730 **BEI HAWAII** W2825 SPEEDISHUTTLE, LLC INN 0209 INNER WORKINGS, INC. OH 1016 OH YOUNG, WENDY OGG KAHULUI AIRPORT GAL 0615 BONNIE GALUTERIA PRE 0613 PREMIUM INCORPORATED **GTF GREAT FALLS INTERNATIONAL AIRPORT** UCH 0316 UCHIYAMA, DAVID LAB 0305 LA BELLA TAXI W2985 ORKIN POWELL POWELL, HUGH WESW 101 WESTERN SLOPE WATER CAL0106 CALIFORNIA WING SPECIALTIES W2207 KENT'S KEYS RRI 0112 R&R INDUSTRIES, INC. W2945 PITNEY BOWES GLOBAL FINANCIAL AVM 0311 AVMAX AVIATION SERVICES INC. AU 1216 **JEFFREY AU** INFINI 1503 Infini Travel Information INC TAMANAHA TAMANAHA, JODI PHX PHOENIX SKY HARBOR INT'L AIRPORT SYLVIE SYLVIE. ASHELY YAB 0917 YABSLEY, LYDIA HER HER, XIONG MT 0515 MT CAPETOWN SERVICE LLC KRASNOFF KRASNOFF, PAUL MAH 0917 MAHALO TAXI COM 0817 COMPASS AIRLINES GOJ 0517 GOJET AIRLINES REP 0917 REPUBLIC AIRLINES B&B 0213 B&B MARKETING ENTERPRISES, LLLP SEA SEATTLE TACOMA INT'L AIRPORT OCE 0114 SPECTRUM BUSINESS MIL 1017 MILES, CHELSEA W3005 SIGNATURE CAB HOLDINGS, INC. HAW 0505 HAWAII SPRING SUPPLY W2118 TORI RICHARD, LTD. ANC ANCHORAGE INT'L AIRPORT LAX LOS ANGELES INT'L AIRPORT LIHUE AIRPORT LIH

U.S. Bankguptok Couxt HawaiiR #17 F01078 Dkt # 1 Filed 10/16/17 Page 18 of 19

OMNET OMNET, JOCELYN KONA INT'L AT KEAHOLE AIRPORT KOA PLEETER, JACOB ALO 0305 ALOHA WATER CO UED 0816 UEDA, KAZUNAGA KEE 1017 KEE, BARBARA DFW DALLAS-FT WORTH INT'L AIRPORT CLI 0607 CLINICAL LABORATORIES OF HI, LLP MAT 1205 ALCOS, TRACY TIQ 0212 TIQUI, SACHIYO SIT 0905 SITA USA INC. ASA 0716 ASANO, RACHEL COL 0317 COLOMA, SHANAY DAV 0816 DAVIDSON, THERESA LEW 0716 LEWIS, KAHEALANI VEA 0917 VEA, CHELSIE SJC Mineta San Jose Int'l Airport SAN SAN DIEGO INT'L-LINDBERGH AIRPORT GJT **Grand Junction Regional Airport AUS** Austin-Bergstrom International Airport CMH PORT COLUMBUS INT'L AIRPORT LAS McCARRAN INT'L AIRPORT PDX PORTLAND INT'L AIRPORT DTW DETROIT METROPOLITAN AIRPORT CLT CHARLOTTE/DOUGLAS INT'L AIRPORT BDL **BRADLEY INT'L AIRPORT** EUG Mahlon Sweet Field JAX JACKSONVILLE INT'L AIRPORT MHT MANCHESTER AIRPORT SAT SAN ANTONIO INT'L AIRPORT CHO Charlottesville Int'l Airport MSN Dane County-Truax Field RIC RICHMOND INT'L-BYRD FIELD **BILLINGS LOGAN INT'L AIRPORT** BIL ABQ Albuquerque International Sunport BZN **BOZEMAN YELLOWSTON INT'L AIRPORT** MSL NORTHWEST ALABAMA REGIONAL AIRPORT MSY **NEW ORLEANS INT'L AIRPORT BLOOMINGTON REGIONAL AIRPORT** BMI CRW Charleston Int'l Airport TUP **TUPELO REGIONAL AIRPORT GLH GREENVILLE AIRPORT GNV** GAINESVILLE REGIONAL AIRPORT ADMIN. PIB HATTIESBURG-LAUREL REGIONAL AIRPORT

lwb GREENBRIER VALLEY AIRPORT

MEI KEY FIELD AIRPORT RFC 0514 RFC WIRELESS

## ADDRESSES FOR EACH CREDITOR TO FOLLOW: