

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

United States Bankruptcy Court for the:

DISTRICT OF HAWAII

Case number (if known) \_\_\_\_\_ Chapter 11

Check if this an amended filing

Official Form 201

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

4/16

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

1. Debtor's name Maui Max LLC

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 47-3421905

4. Debtor's address	<b>Principal place of business</b>  <u>70 E. Kaahumanu Avenue</u> <u>Suite B12</u> <u>Kahului, HI 96732</u> Number, Street, City, State & ZIP Code  <u>Maui</u> County	<b>Mailing address, if different from principal place of business</b>  _____ P.O. Box, Number, Street, City, State & ZIP Code  <b>Location of principal assets, if different from principal place of business</b> <u>70 E. Kaahumanu Avenue</u> <u>Suite B12 Kahului, HI 96732</u> Number, Street, City, State & ZIP Code
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5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor  
 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other. Specify: \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- No.
- Yes.

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Maui Max LLC**  
Name

Case number (if known)

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

Executed on **December 12, 2017**  
MM / DD / YYYY

**X /s/ Ernesto Abarro**  
Signature of authorized representative of debtor  
Title **Managing Member**

**Ernesto Abarro**  
Printed name

**18. Signature of attorney**

**X /s/ Michael J. Collins**  
Signature of attorney for debtor

Date **December 12, 2017**  
MM / DD / YYYY

**Michael J. Collins**  
Printed name

**Cain and Herren, ALC**  
Firm name

**2141 W. Vineyard Street**  
**Wailuku, HI 96793**  
Number, Street, City, State & ZIP Code

Contact phone **808-242-9350** Email address **mike@cainandherren.com**

**9087**  
Bar number and State

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

Debtor name Maui Max LLC

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 Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule* \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration **Statement Regarding Authority To Sign and File Petition.**

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

Executed on December 12, 2017

X /s/ Ernesto Abarro

Signature of individual signing on behalf of debtor

Ernesto Abarro

Printed name

Managing Member

Position or relationship to debtor

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

Debtor name **Maui Max LLC**  
 United States Bankruptcy Court for the: **DISTRICT OF HAWAII**  
 Case number (if known): \_\_\_\_\_

Check if this is an 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** 12/15

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	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	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
CBRE, Inc. P.O. Box 740935 Location Code 2015 Los Angeles, CA 90074-0935		Past due Commission				\$7,500.00
Charlie's Fixtures Inc 2251 Venice Boulevard Los Angeles, CA 90006		promissory note				\$60,000.00
Crum & Forster 733 Bishop Street Suite 2200 Honolulu, HI 96813		Insurance				\$8,795.00
Department of Taxation State of Hawaii Attn: Bankruptcy Unit, PO Box 259 Honolulu, HI 96809-0259		Withholding reconciliation				\$6,240.04
Department of Taxation State of Hawaii Attn: Bankruptcy Unit, PO Box 259 Honolulu, HI 96809-0259		GET				\$45,338.77
Department of Taxation State of Hawaii Attn: Bankruptcy Unit, PO Box 259 Honolulu, HI 96809-0259		Withholding				\$15,977.12

Debtor **Maui Max LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Hawaii Gas 70 Hana Highway Kahului, HI 96732		Gas				\$19,725.60
Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346		Payroll Taxes				\$120,000.00
LIPT East Kaahumanu Avenue, LLC Law Offices Carl Ball LP Craig Nakamura, P.O. Box 1086 Wailuku, HI 96793-1086		Rent				\$70,000.00
Maui Electric Co. Ltd. P. O. Box 1670 Honolulu, HI 96806-1670		Electricity				\$12,470.14
Max Group Inc 1290 E Flamingo Road Las Vegas, NV 89119		Franchise				\$44,858.50
State of Hawaii Department of Labour & Relation 830 Punchbwl Street Honolulu, HI 96813		Unemployment Insurance				\$11,055.31
UHA Health Insurance 700 Bishop Street 300 Honolulu, HI 96813		Medical Insurance				\$3,508.00

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

Debtor name Maui Max LLC

United States Bankruptcy Court for the: DISTRICT OF HAWAII

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

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

12/15

**Part 1: Summary of Assets**

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

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>515,777.93</u>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>515,777.93</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>0.00</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>198,611.24</u>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>226,857.24</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>425,468.48</u>



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

Debtor name Maui Max LLC  
 United States Bankruptcy Court for the: DISTRICT OF HAWAII  
 Case number (if known) \_\_\_\_\_

Check if this is an amended filing

# Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

**Part 1: Cash and cash equivalents**

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

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

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

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

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. Bank of Hawaii Kahului, Hawaii	Checking Account (Payroll)	5006	\$571.28
3.2. Bank of Hawaii Kahului, Hawaii	Checking Account (Tax)	5927	\$30.27
3.3. Bank of Hawaii Kahului, Hawaii	Checking Account (General)	3118	\$176.38

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

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

**\$777.93**

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

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

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

Description, including name of holder of deposit

7.1. **Security Deposit Landlord - LIPT** **\$11,000.00**

Debtor Maui Max LLC  
Name

Case number (If known) \_\_\_\_\_

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

9. **Total of Part 2.**  
Add lines 7 through 8. Copy the total to line 81.

\$11,000.00

**Part 3: Accounts receivable**

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

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

**Part 4: Investments**

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

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

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

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

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

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. <b>Raw materials</b>				
20. <b>Work in progress</b>				
21. <b>Finished goods, including goods held for resale</b> <b>Inventory - Food</b>		<b>\$4,000.00</b>	<b>Liquidation</b>	<b>\$4,000.00</b>

22. **Other inventory or supplies**

23. **Total of Part 5.**  
Add lines 19 through 22. Copy the total to line 84.

\$4,000.00

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

- No  
 Yes

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

- No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

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

- No  
 Yes

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

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

Debtor Maui Max LLC  
Name

Case number (If known) \_\_\_\_\_

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

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

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

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

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

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

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

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
47. <b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
48. <b>Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. <b>Aircraft and accessories</b>			
50. <b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
<b>Furnitures Fixtures &amp; Equipment</b>	<b>\$500,000.00</b>	<b>Liquidation</b>	<b>\$500,000.00</b>

51. **Total of Part 8.**  
Add lines 47 through 50. Copy the total to line 87.

**\$500,000.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**  
 No  
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**  
 No  
 Yes

**Part 9: Real property**

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

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

**Part 10: Intangibles and intellectual property**

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

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

**Part 11: All other assets**

Debtor Maui Max LLC  
Name

Case number (If known) \_\_\_\_\_

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes Fill in the information below.

Debtor Maui Max LLC  
Name

Case number (if known) \_\_\_\_\_

**Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$777.93</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$11,000.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$4,000.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$500,000.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$515,777.93</u>	+ 91b. <span style="border: 1px solid black; padding: 2px;"><u>\$0.00</u></span>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$515,777.93</u>

# ORDER GUIDE INVENTORY WORKSHEET

*max nfi*

Customer: 21879  
**MAX'S KAHULUI**  
 MAUI MAX LLC  
 70 E KAAHUMANU AVE #B12  
 KAHULUI HI 96732

Ship to:  
**MAX KAHULUI**  
 70 E KAAHUMANU AVE B-12  
 KAHULUI HI 96732

Line	Item #	Pack	Size	Brand	Description	Par	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord
80	304015	2	500	BUNN	FILTER COFFEE 10-12 CUP REGULAR							
80	371153	1	150 CT	PACTIV	CONTAINER HINGED FOAM 8" BLK 1 COMP							
80	371154	1	504 CT	PACTIV	CONTAINER FOAM 6" BLK S/O							
80	372775	1	250CT	DURO	BAG SHOPPING PAPER KRAFT TWIST HDL BISTRO							
80	372840	1	200CT	DURO	BAG SHOPPING PAPER KRAFT TWIST HDL REGAL							
80	373041	1	500	KYD	LINER CAN 12-16G 24X34 IML							
80	373042	1	200	KYD	LINER CAN 33X39 BLACK 1.7MIL							
80	373045	1	100	KYD	LINER CAN 43X48 BLACK 2MIL							
80	373064	1	1000	KYD	BAG POLY N/H 5X3X18 1.4ML S/O							
80	374091	1	1000	ELKAY	BAG POLY 6X3X15X1.5ML							
80	374118	8	25CT	AEP	LINER CAN 56G 43X48 CLEAR 16MIC HDPE							
80	374165	20	250CT	KINGWOOD	COVER TOILET SEAT PAPER 1/2 FOLD *TBD*							
80	374229	8	375CT	TORK/ADVA	NAPKIN DINNER 2P WHT 15X16.25" NP310A							
80	374326	40	250CT	COMPANIO	NAPKIN DISPR TALL FOLD 1PLY WHT 7X13.5							
80	374420	1	6ROLLS	TORK	TOWEL ROLL TORKMATIC WHT 1PLY 700' III							
80	374617	1	96 ROLL	TORK/UNIV	TISSUE TOILET 2PLY 4.5"X3.75" 500SH							
80	374661	16	250CT	COMPANIO	TOWEL MULTIFOLD WHITE							
80	375020	1	1 EA	HANDFOIL	FOIL ALUMINUM STD GAUGE 12"X1000' I ROLL							
80	375021	1	1 EA	HANDFOIL	FOIL ALUMINUM STD GAUGE 18"X1000' I ROLL							
80	375022	1	1 EA	HANDFOIL	FOIL ALUMINUM HVY DUTY 18"X1000' I ROLL							
80	375024	6	500 CT	HANDFOIL	FOIL ALUMINUM SHEETS 12"X10.75" 6/500CT							
80	375026	1	100 CT	HANDFOIL	PAN ALUM 1/2 STM TBLE DEEP (LID 375027)							
80	375027	1	100 CT	HANDFOIL	LID ALUMINUM (FOR ITEM# 375026) 1/100CT							

21879 MAX'S KAHULUI

p.2

8088683315

Max's Restaurant

Dec 12 17, 09:16p

Line	Item #	Pack	Size	Brand	Description	Par	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord
80	375029	1	50 CT	HANDFOIL	LID ALUMINUM FULL SIZE STEAM TABLE PAN							
80	375031	1	50 CT	HANDFOIL	PAN FOIL FULL DEEP STEAM TABLE							
80	375147	1	1/ROLL	HFM	FILM PVC 18"X2000' HFM LOGO CLINGCLASSIC							
80	375148	1	1/ROLL	HFM	FILM PVC 12"X2000' HFM LOGO CLINGCLASSIC							
80	375292	10	1000CT	DIXIE	PAPER DELI WRAP DRY WAX PATTY 6 X 6"							
80	375293	12	500CT	PAPERCON	WAX SHEET 10X10.75 INTERFOLD							
80	375407	20	50	DART	CONTAINER FOAM SQUAT 8Z 8SJ20							
80	375416	20	25	DART	CONTAINER FOAM FOOD 32Z 32MJ48							
80	375420	10	100	DART	LID FOR 8 16Z FOAM CTR 20JL							
80	375424	5	100	DART	LID FOR 24-32Z FOAM CTR 48JL							
80	375486	4	125	DART	CONTAINER FOAM 6"MED HAMBURGER HINGED							
80	375527	20	50	DART	CUP 16Z CLEAR PLASTIC							
80	375534	10	100	DART	LID 16-24Z PLASTIC SLOT CLEAR L24 TBD							
80	375538	20	50CT	DART	LID 24Z 24LCDH DISCO. USE 375539							
80	375874	20	50CT	SOLO	CUP COLD PLASTIC ULTRA CLR SQUAT PET 9Z							
80	375881	1	1000CT	SOLO	LID PLASTIC FLAT SLOTTED TBD. USE 375537							
80	375911	10	250CT	SOLO	CUP SOUFFLE 2Z TRANSLUCENT PS							
80	375912	10	250CT	SOLO	CUP SOUFFLE 2Z BLACK PS							
80	375917	10	250CT	SOLO	CUP SOUFFLE 4Z BLACK PS							
80	375924	25	100CT	SOLO	LID SOUFFLE 1.5-2.5Z TRANSLUCENT PET PS							
80	375999	1	1000CT	SOLO	SPOON SODA PLASTIC 8" MED WT WHT PP S/O							
80	376014	1	1000	PACKER	TOWELETTES MOIST 6.2X4.5" WET NAP							
80	376020	1	500	PLACON	CONTAINER PLASTIC 8Z DELIPAK							
80	376022	1	500CT	PLACON	CONTAINER PLASTIC 16Z DELI-PAK							
80	376027	1	500CT	ANCHOR	LID DELI PAK CLEAR PLASTIC 8-32Z							
80	376071	1	500 CT	PLACON	CONTAINER 24 OZ ROUND DELIPAK S/O							
80	376617	1	300CT	HUHTAMA	CARRIER 4 CUP TAKEOUT MOLDED FIBER							
80	376718	12	1000CT	POLY KING	TOOTHPICK WOODEN MINT CELLO WRAP							
80	376721	100	144CT	WESCO	PICK PARASOL AST CLRS. WHT BOX =1,440 CT							
80	376737	24	500	CELL O COR	STRAW CLEAR WRAPPED 7.75"JUMBO							
80	377020	10	250	SOLO	CUP SOUFFLE 4Z TRANSLUCENT PS							
80	377031	20	125CT	SOLO	LID SOUFFLE 3.25-5.5Z TRANSLUCENT PET PS							

21879 MAX'S KAHULUI

# ORDER GUIDE INVENTORY WORKSHEET

*max food*

Customer: 21879  
**MAX'S KAHULUI**  
 MAUI MAX LLC  
 70 E KAAHUMANU AVE #B12  
 KAHULUI HI 96732

Ship to:  
**MAX KAHULUI**  
 70 E KAAHUMANU AVE B-12  
 KAHULUI HI 96732

Line	Item #	Pack	Size	Brand	Description	Par	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord
10	490277	6	1#		TARO FRESH S/O							
10	490298	1	10#	HAWAII PRO	DAIKON H-1 10#							
10	490299	1	50#	HAWAII PRO	DAIKON KOREAN 50#							
10	490310	1	50#	PACKER	CABBAGE RED US-1							
10	490312	1	45#	HAWAII PRO	CABBAGE CHINESE H-1							
10	490314	1	45-50CT	HAWAII PRO	CABBAGE GREEN HEAD							
10	490316	1	2 HEADS	HAWAII PRO	CABBAGE RED 5 - 10# AVE							
10	490354	1	35#	SUNKIST	ORANGES 72'S VALENCIA FANCY (7)							
10	490371	1	10#	PACKER	PEPPERS SERRANO GREEN							
10	490390	1	25#	PACKER	PEPPERS BELL GREEN MEDIUM FRESH							
10	490516	1	25#	HAWAII PRO	TOMATOES (5/6) X-1GE V.F. H-1							
10	490526	1	24CT	DOLE	LETTUCE ICEBERG 24CT							
10	490632	1	50#	PACKER	POTATOES 70 CT BAKER							
10	490671	1	50#	PACKER	ONIONS YELLOW JUMBO							
10	490681	1	1#	HAWAII PRO	ONIONS GREEN 1#							
10	490683	1	5#	HAWAII PRO	ONIONS GREEN (5)							
10	490714	11	1#	PACKER	ASPARAGUS GRN MED STND							
10	490714	11	1#	PACKER	ASPARAGUS GRN MED STND							
10	490725	1	5#	PACKER	BROCCOLI CROWNS CUT FRESH 5#							
10	490729	1	6CT	PACKER	CAULIFLOWER FRESH 10#							
10	490730	1	20#	DOLE	CAULIFLOWER 9 TO 12 COUNT							
10	490741	1	30#	HAWAII PRO	GINGER SKIN ON FRESH (30)							
10	490742	1	1#	HAWAII PRO	GINGER SKIN ON FRESH 1#							

21879 MAX'S KAHULUI



p.4

8088683315

Max's Restaurant

Dec 17, 09:16p

Line	Item #	Pack	Size	Brand	Description	Par	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord
10	490772	4	5#	PACKER	GARLIC WHOLE PEELED							
10	490818	1	25#	PACKER	PEPPERS BELL RED MEDIUM							
10	490825	1	1#	PACKER	PEPPERS BELL YELLOW US-1 FRESH 1#							
10	490833	1	24CT	DOLE	LETTUCE ROMAINE 24CT							
10	490852	1	35#	SUNKIST	LEMONS CHOICE 140'S							
10	490871	1	BACH	PACKER	CELERY FRESH US-1 1.5#AVG							
10	490873	1	30CT	DOLE	CELERY FRESH SLEEVED 30							
10	490903	1	25#	KERN RIDGE	CARROTS, JUMBO							
10	490911	1	10#	PACKER	MUSHROOM MEDIUM FRESH US-1							
10	490942	1	CASE	PACKER	EGGPLANT LONG CHINESE S/O							
10	490944	1	24CT	HAWAII PRO	EGGPLANT ROUND (3)							
10	491057	1	10#	HAWAII PRO	CABBAGE BOK CHOY BABY H-1							
10	491058	1	25#	PACKER	SQUASH, KABOCHA S/O							
10	491149	12	14Z	HINOICHI	TOFU FIRM HINOICHI (RED)							
20	326506	14	2.75 3#	PACKER	CHICKEN WHOLE WOG 2.75-3#							
21	405633	1	15KG	PACKER	CHICKEN LEG QUARTERS							
21	405636	1	10KG	PACKER	CHICKEN LEG QUARTERS							
23	326454	4	10#	PACKER	CHICKEN BREAST B/S BUTTERFLY RANDOM NAT							
23	508176	1	40#	PACKER	CHICKEN BONES BACK & NECKS BULK							
24	402832	8	5#	PACKER	CHICKEN LIVER S/O							
30	503069	1	28# AVG	PACKER	PORK HOCKS W/FEET 3-4#							
30	503070	1	28# AVG	PACKER	PORK HOCK NO FEET 2.5-3#							
30	503080	1	45#	PACKER	PORK RUFFLE FAT							
30	503255	1	20# AVG	HFM	PORK BELLY CUT 8" STRIPS DOMESTIC							
30	503502	1	15#	PACKER	PORK COLLAR SLICED 3/8" THICK							
30	503539	1	10#	HFM	PORK CUBES 1.5" X 1.5"							
31	503119	5	10-12AV	PACKER	PORK BELLY DOMESTIC SKIN ON 10/12# AVG							
32	503060	1	45#AVG	FARMLAND	PORK BUTT BNLS 1.W. #11962							
33	407635	8	1GAL	PACKER	PORK BLOOD WITH VINEGAR S/O							
33	503017	2	5#	HFM	PORK GROUND FINE 80/20							
34	407633	1	28#AVG	PACKER	PORK EARS							
34	407634	2	15#AVG	PACKER	PORK SNOOT							

21879 MAX'S KAHULUI

p.5

8088683315

Max's Restaurant

Dec 17, 09:17p

Line	Item #	Pack	Size	Brand	Description	Par	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord
35	403650	1	30#	PACKER	PORK BONES ASSORTED							
38	503517	1	10#	HFM	PORK SLICED FOR TERIYAKI 3/16"							
38	503540	1	10#	HFM	PORK BRISKET CUT FOR SWEET SOUR 1.5"							
40	501079	1	10#	HFM	BEEF KNUCKLE SLICED 3/16" FOR TERIYAKI							
40	501332	5	13UP	CAB	CAB BEEF TOP SIRLOIN BUTT CHO 184							
40	501618	3	25#AVG	CAB	CAB BEEF CHUCKROLL NECK OFF CHOICE							
40	501676	1	20#	PACKER	BEEF SHANK HIND BONE IN C/C SLICED							
41	501696	1	10#	PACKER	BEEF OXTAIL CUSTOM CUT 1-1.5"							
41	502011	1	10#	HFM	BEEF OXTAIL CUT 1 3/4"							
42	501733	4	5#	AMERISTAR	BEEF GROUND BULK 80/20							
43	501076	1	50#AVG	PACKER	BEEF BONES SOUP W/MEAT							
50	512010	1	30#		FISH MILKFISH DEBONED (DAING)							
50	512011	1	30#		FISH MILKFISH BONELESS DESCALED							
50	512308	1	10#	PACKER	FISH TILAPIA FILLET 5/7 IQF							
52	514551	1	22#	PACKER	SQUID TUBE U5							
52	514560	8	3#	SEA PORT	SQUID RINGS & TENTS 3/5 SM IQF (THAI)							
52	514561	1	24#	PACKER	SQUID TENTACLES							
52	582263	4	2.5#	THE TOWN	SQUID 5/8 TUBES & TENTS TENTACLES							
53	511533	12	1#	BLUE STAR	CRAB MEAT CLAW PASTEURIZED CHILL CANS							
54	486314	10	4#	PACKER	SHRIMP HEAD ON 40/50 WHITE S/O							
54	514785	5	2#	PACKER	SHRIMP 51/60 AW P&D T/OFF RAW IQF							
54	548859	5	2#	PACKER	SHRIMP 71/90 P&D TAIL OFF WHITE RAW							
55	406250	24	10Z		JUICE COCONUT							
55	406251	30	10.5Z		JUICE COCONUT							
55	414065	1	30#	YOUNG'S	NOODLE PANCI' MIKI S/O							
56	507340	2	10#	AVG	HORMEL	HAM TAVERN MENU MASTER						
57	520230	96	3"	FLAV R-PAC	CORN COBBETTES 3"							
57	521207	6	5#	SIMPLOT	FRIES STRAIGHT CUT THUNDER CRUNCH 3/8"							
57	527785	6	2.5#	SIMPLOT	FRIES SWEET POTATO THIN CUT 5/16"							
58	520425	12	2.5#	FLAV-R-PAC	PEAS GREEN FANCY IQF							
59	406244	30	1#		LEAF BANANA S/O							
59	525138	20	30CT	MENLO	WRAPPER LUMPIA 8X8"							

21879 MAX'S KAHULUI

p.6

8088683315

Max's Restaurant

Dec 12 17, 09:18p

Line	Item #	Pack	Size	Brand	Description	Par	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord
59	630002	24	1#	BAR S	FRANK MEAT 6" 10:1 S/O							
60	310004	4	5#	SCHREIBER	CHEESE CHEDDAR FEATHER MILD SHREDDED							
60	321214	30	1#	COUNTRY	BUTTER PRINTS UNSALTED AA							
60	323130	6	5#	MICHAEL	EGGS SUGARED YOLKS (10% SUGAR)							
60	323346	1	15DZN	PACKER	EGGS SHELL LARGE GRADE AA MAINLAND							
60	320854	2	64Z	DARIGOLD	MILK WHOLE ULTRA PASTEURIZED 3.25%							
60	336026	4	16GAL	NUGGET BL	MAYONNAISE PREMIUM WHOLE EGG NG BL NTF							
64	365002	30	16Z	UFC	NOODLE CANTON							
64	401785	30	8Z		NOODLE CANTON S/O							
64	406241	30	16Z		NOODLE PALABOK SUPER Q TBD							
64	406247	12	2.2#	KNORR	BOUILLON CHICKEN							
64	406248	6	24/63G	KNORR	BOUILLON CHICKEN CUBE							
66	405676	30	3.5Z		PORK SKIN GROUND S/O							
66	406240	18	90GR		CHIP CHICHARON MANG JUAN S/O							
66	406246	6	.8Z		EXTRACT PANDAN ESSENCE S/O							
68	322098	24	12Z	CARNATION	MILK EVAPORATED CARNATION							
68	322102	6	97Z	JERZEE	MILK EVAPORATED JERZEE							
68	340318	6	10	PACKER	MILK COCONUT SHELF STABLE							
68	343022	24	13.5Z	PACKER	MILK COCONUT SHELF STABLE							
68	900176	24	14Z	CARNATION	MILK CONDENSED SWEETENED							
70	180209	1	50#	HFM	FLOUR A/P ENR BLCHD 50TH STATE							
70	311417	1	20#	ROLAND	RICE JASMINE PREMIUM (THAILAND)							
70	314119	1	20#	COSTA	PASTA SPAGHETTI LONG 20"							
70	316169	500	2's	NABISCO	CRACKER SALTINES PREMIUM							
70	328798	8	12Z	CUSTOM	GRAVY MIX BROWN PAN ROAST							
70	332008	1	35#	NUGGET/CH	OIL CREAMY LIQUID FRYING NTF							
70	332027	1	35#	NUGGET	OIL SOYBEAN NTF (VEGETABLE) NG							
70	332046	10	56Z	KADOYA	OIL SESAME PURE							
70	341641	12	46Z	DOLE	JUICE PINEAPPLE							
70	344179	6	4#	TORN &	NUTS PEANUTS DRY RSTD UNSALT BLANCHED							
70	344913	6	5#	STRATFORD	PEANUT BUTTER CREAMY CLEAR PET							
70	344980	24	.5LITER	HAWAIIAN I	WATER PURIFIED BOTTLED PET							

21879 MAX'S KAHULUI

p.7  
8088683315

Max's Restaurant

Dec 17, 09:18p

Line	Item #	Pack	Size	Brand	Description	Par	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord	Inv/Ord
70	346017	24	14Z	HEINZ	KETCHUP TABLETOP (GLASS) HEINZ							
70	346029	6	10	HEINZ	KETCHUP TOMATO FANCY							
70	346030	6	10	HEINZ	SAUCE TOMATO							
70	346036	6	10	HEINZ	TOMATO PASTE 26% HEINZ							
70	346149	6	10	UNIPRO	CORN WHOLE KERNEL FANCY (70% WT)							
70	346402	6	10	BAY	SAUERKRAUT SHREDDED							
70	346498	24	19Z		HEARTS OF PALM							
70	346959	24	5Z	LEA & PERR	SAUCE WORCESTERSHIRE L&P							
70	353371	384	3/8Z	INT'L DELI	CREAMER PC HALF & HALF REAL ASEPTIC							
70	361018	12	1QUART	NUGGET	EXTRACT VANILLA IMITATION #3							
70	362030	6	2Z	DURKEE	BAY LEAVES WHOLE							
70	362243	6	18Z	DURKEE	PEPPER BLACK CAFE GRIND 20 MESH							
70	362261	1	6#	DURKEE	PEPPER BLACK WHOLE							
70	362272	6	17Z	DURKEE	PEPPER WHITE GROUND							
70	362929	12	1QUART	NUGGET BL	LIQUID RED COLOR							
70	362933	12	1QUART	NUGGET BL	COLOR EGG YELLOW SHADE DELUXE							
70	363362	1	1000 CT	HOSPITALIT	CANDY PEPPERMINT SOFT I.W. "THANK YOU"							
70	364107	24	26Z	UNIPRO	SALT IODIZED ROUNDS							
70	365003	4	1GAL	DATU PUTI	VINEGAR							
70	366218	6	5#	PANDA	SAUCE OYSTER FLAVORED (RED)							
70	366222	24	2Z	MCILHENNY	SAUCE TABASCO							
70	367037	1	2000CT	SPLENDA	SUGAR SUB PC SPLENDA SWEETENER PACKET							
70	367048	2000	.1Z	HFM	SUGAR HFM PC PACKETS							
70	367054	1	2000CT	SWEET 'N L	SUGAR PC SUB SWEET'N LOW SWEETENER							
70	367122	1	25#	C&H	SUGAR BROWN GOLDEN C							
70	367138	1	50#	C&H	SUGAR GRANULATED CANE							
70	393032	24	1#	ARGO	STARCH CORN ARGO NTF							
70	393035	1	50#	NATIONAL S	STARCH CORN MELOJEL							
70	394050	12	1#	KNOX	GELATIN UNFLAVORED							
70	406249	1	5 #		FUNGUS BLACK WHOLE S/O							
70	455891	24	12Z		SAUCE SHRIMP FRY S/O							
70	900874	12	32Z	MAE PLOY	SAUCE CHILI SWEET THAI							

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

Debtor name Maui Max LLC

United States Bankruptcy Court for the: DISTRICT OF HAWAII

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206D**

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

12/15

Be as complete and accurate as possible.

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

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

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

Debtor name Maui Max LLC

United States Bankruptcy Court for the: DISTRICT OF HAWAII

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

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

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

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

No. Go to Part 2.

Yes. Go to line 2.

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

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Department of Taxation                      State of Hawaii                      Attn: Bankruptcy Unit, PO Box 259                      Honolulu, HI 96809-0259</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$45,338.77</b>	<b>\$45,338.77</b>
	Date or dates debt was incurred <b>Opened 9/30/2016 - 10/31/2017</b>	Basis for the claim: <b>GET</b>		
	Last 4 digits of account number <b>1905</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Department of Taxation                      State of Hawaii                      Attn: Bankruptcy Unit, PO Box 259                      Honolulu, HI 96809-0259</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15,977.12</b>	<b>\$15,977.12</b>
	Date or dates debt was incurred <b>Opened 9/30/2016 - 03/31/2017</b>	Basis for the claim: <b>Withholding</b>		
	Last 4 digits of account number <b>1905</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Maui Max LLC**  
Name

Case number (if known)

2.3	Priority creditor's name and mailing address <b>Department of Taxation State of Hawaii Attn: Bankruptcy Unit, PO Box 259 Honolulu, HI 96809-0259</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,240.04</b>	<b>\$6,240.04</b>
Date or dates debt was incurred <b>Opened 12/31/2016</b>		Basis for the claim: <b>Withholding reconciliation</b>		
Last 4 digits of account number <b>1905</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address <b>Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$120,000.00</b>	<b>\$120,000.00</b>
Date or dates debt was incurred <b>Opened</b>		Basis for the claim: <b>Payroll Taxes</b>		
Last 4 digits of account number <b>1905</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address <b>State of Hawaii Department of Labour &amp; Relation 830 Punchbowl Street Honolulu, HI 96813</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$11,055.31</b>	<b>\$11,055.31</b>
Date or dates debt was incurred <b>Statement 11/2/2017</b>		Basis for the claim: <b>Unemployment Insurance</b>		
Last 4 digits of account number <b>1905</b>		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

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

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address <b>CBRE, Inc. P.O. Box 740935 Location Code 2015 Los Angeles, CA 90074-0935</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,500.00</b>	
Date(s) debt was incurred <b>Statement 2017</b>		Basis for the claim: <b>Past due Commission</b>		
Last 4 digits of account number <b>9167</b>		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.2	Nonpriority creditor's name and mailing address <b>Charlie's Fixtures Inc 2251 Venice Boulevard Los Angeles, CA 90006</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$60,000.00</b>	
Date(s) debt was incurred <b>Open August 25, 2016</b>		Basis for the claim: <b>promissory note</b>		
Last 4 digits of account number <b>1905</b>		Is the claim subject to offset?		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.3	Nonpriority creditor's name and mailing address <b>Crum &amp; Forster</b> 733 Bishop Street Suite 2200 Honolulu, HI 96813  Date(s) debt was incurred <u>Statement 10/11/2017</u> Last 4 digits of account number <u>3811</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,795.00</b>
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3.4	Nonpriority creditor's name and mailing address <b>Hawaii Gas</b> 70 Hana Highway Kahului, HI 96732  Date(s) debt was incurred <u>Statement 2017</u> Last 4 digits of account number <u>1905</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Gas</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,725.60</b>
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3.5	Nonpriority creditor's name and mailing address <b>LIPT East Kaahumanu Avenue, LLC</b> Law Offices Carl Ball LP Craig Nakamura, P.O. Box 1086 Wailuku, HI 96793-1086  Date(s) debt was incurred <u>Statement 2017</u> Last 4 digits of account number <u>1905</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70,000.00</b>
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3.6	Nonpriority creditor's name and mailing address <b>Maui Electric Co. Ltd.</b> P. O. Box 1670 Honolulu, HI 96806-1670  Date(s) debt was incurred <u>Statement 2017</u> Last 4 digits of account number <u>1905</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Electricity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,470.14</b>
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3.7	Nonpriority creditor's name and mailing address <b>Max Group Inc</b> 1290 E Flamingo Road Las Vegas, NV 89119  Date(s) debt was incurred <u>Statement 2017</u> Last 4 digits of account number <u>1905</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Franchise</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44,858.50</b>
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3.8	Nonpriority creditor's name and mailing address <b>UHA Health Insurance</b> 700 Bishop Street 300 Honolulu, HI 96813  Date(s) debt was incurred <u>Statement 2017</u> Last 4 digits of account number <u>1905</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Medical Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,508.00</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

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

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

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any



Debtor **Maui Max LLC**  
Name

Case number (if known) \_\_\_\_\_

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.1 **Cathy Ferrer, Operation Service  
Manager of N. America  
Max Group Inc, 1290 E Flamingo Road  
Las Vegas, NV 89119**

Line **3.7**

—

Not listed. Explain \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

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

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>198,611.24</u>
5b. +	\$ <u>226,857.24</u>
5c.	\$ <u>425,468.48</u>

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

Debtor name Maui Max LLC

United States Bankruptcy Court for the: DISTRICT OF HAWAII

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206G**

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

12/15

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

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

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

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

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

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining \_\_\_\_\_

List the contract number of any government contract \_\_\_\_\_

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

Debtor name Maui Max LLC

United States Bankruptcy Court for the: DISTRICT OF HAWAII

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

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

12/15

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

**1. Do you have any codebtors?**

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

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

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 Ernesto Abarro	70 E Kaaahumanu Avenue Site B12 Kahului, HI 96732	Charlie's Fixtures Inc	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.2</u> <input type="checkbox"/> G _____

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

Debtor name Maui Max LLC  
 United States Bankruptcy Court for the: DISTRICT OF HAWAII  
 Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**  
From 1/01/2017 to **Filing Date**

Operating a business  
 Other \_\_\_\_\_

\$1,609,123.00

**For prior year:**  
From 1/01/2016 to 12/31/2016

Operating a business  
 Other \_\_\_\_\_

\$2,171,280.83

**For year before that:**  
From 1/01/2015 to 12/31/2015

Operating a business  
 Other \_\_\_\_\_

\$245,000.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Internal Revenue Service Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346</b>	<b>10/2017</b>	<b>\$11,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Payroll</b>
3.2. <b>Department of Taxation State of Hawaii Attn: Bankruptcy Unit, PO Box 259 Honolulu, HI 96809-0259</b>	<b>9/2017</b>	<b>\$5,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>GET</b>
3.3. <b>Department of Taxation State of Hawaii Attn: Bankruptcy Unit, PO Box 259 Honolulu, HI 96809-0259</b>	<b>9/2017</b>	<b>\$2,300.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Withholdings</b>

4. **Payments or other transfers of property made within 1 year before filing this case that benefited any insider**  
 List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. **Repossessions, foreclosures, and returns**  
 List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. **Setoffs**  
 List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments**

7. **Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**  
 List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. LIPT East Kaajumanu Avenue, LLC DC Civil No. 17-1-1768	Assumpsit	Maui - Second Circuit Hoapili Hale 2145 Main Street Wailuku, HI 96793-1679	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Cain and Herren, ALC 2141 W. Vineyard Street Wailuku, HI 96793	Attorney fees and hard costs.	12/2017	\$2,395.82

Email or website address  
mike@cainandherren.com

Who made the payment, if not debtor?  
Ernesto Abarro

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

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

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- No.
- Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No.
- Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**



- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name address	Describe the nature of the business	Employer Identification number <small>Do not include Social Security number or ITIN.</small>	Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

Name and address	Date of service From-To
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26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- None

Name and address	Date of service From-To
26b.1. <b>Kim &amp; Yoo Corporation</b> <b>7002 Moopy Street</b> <b>Suite 207</b> <b>La Palma, CA 90623</b>	<b>2015 thru present</b>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- None

Name and address	If any books of account and records are unavailable, explain why
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26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- None

Name and address
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27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- No
- Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Ernesto Abarro	70 Kaahumanu Avenue Suite B12 Kahului, HI 96732	Managing member	60%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No  
 Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No  
 Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No  
 Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No  
 Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

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

Executed on **December 12, 2017**

/s/ Ernesto Abarro  
Signature of individual signing on behalf of the debtor

Ernesto Abarro  
Printed name

Position or relationship to debtor **Managing Member**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)* attached?

- No
- Yes

**United States Bankruptcy Court  
District of Hawaii**

In re Maui Max LLC

Debtor(s)

Case No.

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>2,395.82</u>
Prior to the filing of this statement I have received .....	\$	<u>2,395.82</u>
Balance Due .....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

Debtor       Other (specify): **Ernesto Abarro**

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 12, 2017

*Date*

/s/ Michael J. Collins

**Michael J. Collins**

*Signature of Attorney*

**Cain and Herren, ALC**

**2141 W. Vineyard Street**

**Wailuku, HI 96793**

**808-242-9350 Fax: 808-242-6139**

**mike@cainandherren.com**

*Name of law firm*

**United States Bankruptcy Court  
District of Hawaii**

In re Maui Max LLC

Debtor(s)

Case No.

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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**-NONE-**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Managing Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date December 12, 2017

Signature /s/ Ernesto Abarro  
**Ernesto Abarro**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
District of Hawaii**

In re Maui Max LLC

Debtor(s)

Case No.

Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

I, the Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: December 12, 2017

/s/ Ernesto Abarro

**Ernesto Abarro/Managing Member**

Signer/Title

Cathy Ferrer, Operation Service  
Manager of N. America  
Max Group Inc, 1290 E Flamingo Road  
Las Vegas, NV 89119

CBRE, Inc.  
P.O. Box 740935 Location Code 2015  
Los Angeles, CA 90074-0935

Charlie's Fixtures Inc  
2251 Venice Boulevard  
Los Angeles, CA 90006

Crum & Forster  
733 Bishop Street  
Suite 2200  
Honolulu, HI 96813

Department of Taxation  
State of Hawaii  
Attn: Bankruptcy Unit, PO Box 259  
Honolulu, HI 96809-0259

Ernesto Abarro  
70 E Kaaahumanu Avenue  
Site B12  
Kahului, HI 96732

Hawaii Gas  
70 Hana Highway  
Kahului, HI 96732

Internal Revenue Service  
Centralized Insolvency Operation  
PO Box 7346  
Philadelphia, PA 19101-7346

LIPT East Kaahumanu Avenue, LLC  
Law Offices Carl Ball LP  
Craig Nakamura, P.O. Box 1086  
Wailuku, HI 96793-1086

Maui Electric Co. Ltd.  
P. O. Box 1670  
Honolulu, HI 96806-1670

Max Group Inc  
1290 E Flamingo Road  
Las Vegas, NV 89119

State of Hawaii  
Department of Labour & Relation  
830 Punchbowl Street  
Honolulu, HI 96813

UHA Health Insurance  
700 Bishop Street  
300  
Honolulu, HI 96813



**United States Bankruptcy Court  
District of Hawaii**

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**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Maui Max LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

December 12, 2017

Date

/s/ Michael J. Collins

**Michael J. Collins**

Signature of Attorney or Litigant

Counsel for Maui Max LLC

**Cain and Herren, ALC**

**2141 W. Vineyard Street**

**Wailuku, HI 96793**

**808-242-9350 Fax:808-242-6139**

**mike@cainandherren.com**