

Fill in this information to identify your case:

United States Bankruptcy Court for the:
 SOUTHERN DISTRICT OF IOWA

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 Rees Associates, Inc.

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) 42-1422198

4. Debtor's address

<p>Principal place of business</p> <p><u>1800 SW 2nd St</u> <u>Des Moines, IA 50315</u> <small>Number, Street, City, State & ZIP Code</small></p> <p><u>Polk</u> <small>County</small></p>	<p>Mailing address, if different from principal place of business</p> <p><u>P.O. Box 831</u> <u>Des Moines, IA 50304-0831</u> <small>P.O. Box, Number, Street, City, State & ZIP Code</small></p> <p>Location of principal assets, if different from principal place of business</p> <p>_____ <small>Number, Street, City, State & ZIP Code</small></p>
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5. Debtor's website (URL) www.reesassociates.com

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

Debtor Rees Associates, Inc.
Name

Case number (if known) _____

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>.

1860

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 _____

Debtor Rees Associates, Inc. Case number (if known) _____
 Name

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 type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input checked="" 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 checked="" 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 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 checked="" 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 type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor Rees Associates, Inc. Case number (if known) _____
Name

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 February 27, 2017
MM / DD / YYYY

/s/ Stephen D. Lundstrom
Signature of authorized representative of debtor

Title President

Stephen D. Lundstrom
Printed name

18. Signature of attorney

/s/ Jeffrey D. Goetz
Signature of attorney for debtor

Date February 27, 2017
MM / DD / YYYY

Jeffrey D. Goetz
Printed name

Bradshaw, Fowler, Proctor & Fairgrave PC
Firm name

801 Grand Avenue, Suite 3700
Des Moines, IA 50309-8004
Number, Street, City, State & ZIP Code

Contact phone 515-243-4191 Email address www.bradshawlaw.com

IS #9999366
Bar number and State

Fill in this information to identify the case:

Debtor name Rees Associates, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

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 _____

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

Executed on February 27, 2017

X /s/ Stephen D. Lundstrom
Signature of individual signing on behalf of debtor

Stephen D. Lundstrom
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Rees Associates, Inc.**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

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		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
RR Donnelley Logistics Svc, Inc. ATTN: Greg Haldeman, CCC PO Box 141 Naperville, IL 60566	Greg Haldeman concred@ntsource.com No phone number	Old freight				\$101,404.60
Peter Stein 203 Lou Avenue Kings Park, NY 11754	Peter Stein peter.stein2324@gmail.com 917-757-1546	Sales commissions				\$46,029.77
Packaging Distribution Services, Inc. PO Box 1284 Des Moines, IA 50305	Bruce Sherman bruces@pdspack.com 515-422-5885	Cartons				\$42,379.16
RR Donnelley PO Box 932721 Cleveland, OH 44193	A/C Receivable No email 888-744-7773	Freight				\$40,990.14
Coventry Health Care of Iowa PO Box 6481 Carol Stream, IL 60197-6481	Pam Kautzman pskautzman@aetna.com 888-296-3337 x4154291	Insurance premiums				\$35,007.59
RR Donnelley 1333 Scheuring Road De Pere, WI 54115	Brenda Prochniak Brenda.prochiak@rd.com 920-339-1468	Frieght				\$30,952.54
Veritiv Operating Company 3568 Solutions Center Chicago, IL 60677-3005	Beatriz Diaz beatriz.diaz@veritivicorp.com 630-429-2800	Supplies				\$17,570.43

Debtor **Rees Associates, Inc.**
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
Cenveo Commercial Envelope Products PO Box 802035 Chicago, IL 60680-2035	Joshua Page Joshua.page@cenveo.com 812-981-4923	Envelopes				\$17,279.95
Hamilton Juffer & Associates, LLP 666 Grand Ave., Ste. 2400 Des Moines, IA 50309	Randy Hamilton rhamilton@hamiltonjuffer.com 515-245-3737	Accounting services				\$16,930.00
Arthur J. Gallagher Risk Management Co. 39735 Treasury Center Chicago, IL 60694-9700	Jennifer Shanda Jennifer_shanda@ajg.com 515-457-8849	Insurance premiums				\$15,929.00
Walmart PO Box 707600 Tulsa, OK 74170	Susie Rojas No email 877-858-0220	Payroll checks reimbursement				\$14,495.49
Integrity Printing 1923 NW 92nd Court Clive, IA 50325	Tim Paulus timp@integrityprintdsm.com 515-288-2980	Printing				\$14,398.00
Aureon Communications 7760 Office Plaza Drive South West Des Moines, IA 50265	Scott Hardee scott.hardee@aureon.com 515-245-7760	IT support				\$12,676.64
Penske Truck Leasing Co., L.P. PO Box 802577 Chicago, IL 60680	Gregory Welp gregory.welp@penske.com 515-265-6016	Equipment rental				\$10,092.20
Mid-American Energy PO Box 8020 Davenport, IA 52808-8020	A/C Receivable No email 800-329-6261	Utilities				\$9,519.40
Custom Direct - CDI ATTN: John Georgas 715 E. Irving Park Rd. Roselle, IL 60172	Jack Georgason georgas@customdirect.com 630-529-1936	Sales commissions				\$6,151.61

Debtor **Rees Associates, Inc.**
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 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
Iowa Storage Trailer, Inc. 3216 SE 21st St. Des Moines, IA 50320	Jay Samuel No email 515-243-8911	Storage trailer rental				\$5,670.50
Hupp Toyotalift PO Box 353 Cedar Rapids, IA 52406-0353	Becky White bwhite@hupp-electric.com 319-366-0761	Equipment rental				\$5,507.50
Fairrington Transporation Corp. 6730 Eagle Way Chicago, IL 60678-1067	Joe Hartman jhartmann@fairrington.com 630-783-4391	Freight				\$4,752.56
XPOLogistics 27224 Network Place Chicago, IL 60673-1277	Credit manager No email (844) 742-5976	Freight				\$4,745.00

Fill in this information to identify the case:

Debtor name Rees Associates, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

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)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>411,590.21</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>6,020,285.54</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>6,431,875.75</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>713,991.66</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>2,053,736.76</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>821,343.40</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>3,589,071.82</u>

Fill in this information to identify the case:

Debtor name Rees Associates, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

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

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
2.	Cash on hand		\$300.00
3.	Checking, savings, money market, or financial brokerage accounts (Identify all)		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1.	<u>Central Bank</u>	<u>Checking account</u>	<u>0390</u> \$8,675.29
3.2.	<u>Two Rivers Bank</u>	<u>Postage account</u>	<u>8899</u> \$74,187.46
3.3.	<u>Veridian Credit Union</u>	<u>Checking account</u>	<u>0450</u> \$79.13
3.4.	<u>Veridian Credit Union</u>	<u>Savings account</u>	<u>0450</u> \$217.76
4.	Other cash equivalents (Identify all)		
5.	Total of Part 1.		\$83,459.64
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

Debtor Rees Associates, Inc. Case number (If known) _____
 Name

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 0 Valuation method At cost Current Value 0

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

- No
 Yes

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

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

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

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Office furniture and fixtures	Unknown	Balance sheet	\$104,074.86
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Computer equipment, server, application software, inventory system, reporting system software, and printer template development software.	Unknown	Balance Sheet	\$272,827.17
Computer software	Unknown	Balance sheet	\$721,326.54

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
 Add lines 39 through 42. Copy the total to line 86.

\$1,098,228.57

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

- No
 Yes

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

- No
 Yes

Debtor Rees Associates, Inc. Case number (If known) _____
 Name

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 Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. <u>Vans, trucks, trailers</u>	<u>Unknown</u>	<u>Balance sheet</u>	<u>\$87,681.99</u>
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
<u>Leased batteries</u>	<u>Unknown</u>	<u>N/A</u>	<u>Unknown</u>
<u>Mailing and other related business equipment including inserters, tabbers, feeders, printers, guides, strappers, choppers, readers, barcoder and wrappers</u>	<u>Unknown</u>	<u>Balance sheet</u>	<u>\$4,530,588.90</u>

51. **Total of Part 8.** **\$4,618,270.89**
 Add lines 47 through 50. Copy the total to line 87.

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

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

Part 9: Real property

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

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

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

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

Debtor Rees Associates, Inc. Case number (if known) _____
Name

55.1. **Leased real estate:**
1800 SW 2nd Street
and 1918 SW 2nd St.,
Des Moines, Iowa Capital Leases Unknown N/A \$219,000.00

55.2. **Building and land**
improvements on
leased real estate Capital Lease Unknown Balance sheet \$192,590.21

56. **Total of Part 9.**

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

\$411,590.21

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

- No
 Yes

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

- No
 Yes

Part 10: Intangibles and intellectual property

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

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

Part 11: All other assets

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

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

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

Debtor Rees Associates, Inc. Case number (if known) _____
 Name

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$83,459.64</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$7,390.01</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$192,774.32</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$20,162.11</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$1,098,228.57</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$4,618,270.89</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$411,590.21</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>+</u> <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$6,020,285.54</u>	<u>+ 91b. \$411,590.21</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$6,431,875.75</u>

Fill in this information to identify the case:

Debtor name Rees Associates, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

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.

Part 1: List Creditors Who Have Secured Claims

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

		Column A	Column B	
		Amount of claim	Value of collateral that supports this claim	
		Do not deduct the value of collateral.		
2.1	<p>HYG Financial Services, Inc.</p> <p>Creditor's Name</p> <p>300 E. John Carpenter Freeway</p> <p>Irving, TX 75062-2712</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 1-10-17</p> <p>Last 4 digits of account number 0177</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien</p> <p>7 Enersys batteries</p> <p>Describe the lien</p> <p>Lease Agreement</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$41,862.27	\$41,862.27

2.2	<p>Lundstrom Capital Management, LLC</p> <p>Creditor's Name</p> <p>PO Box 831</p> <p>Des Moines, IA 50304</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 1-10-08</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p>	<p>Describe debtor's property that is subject to a lien</p> <p>1800 SW 2nd Street, Des Moines, Iowa 1918 SW 2nd Street, Des Moines, Iowa</p> <p>Describe the lien</p> <p>Lease Agreements on real estate</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p>	\$170,500.00	\$170,500.00
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Debtor **Rees Associates, Inc.** Case number (if know) _____
Name

- No
 Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
 Unliquidated
 Disputed

<p>2.3 PAST Financial, L.C. <small>Creditor's Name</small> ATTN: Steve Simon 5645 Beechtree Drive West Des Moines, IA 50266 <small>Creditor's mailing address</small></p> <hr/> <p><small>Creditor's email address, if known</small></p> <p>Date debt was incurred 10-3-11</p> <p>Last 4 digits of account number</p> <hr/> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien Accounts, machinery, equipment, furniture, etc.</p> <hr/> <p>Describe the lien Blanket Security Interest</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <hr/> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$501,629.39</p> <hr/> <p>\$501,629.39</p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$713,991.66**

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

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

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

<small>Name and address</small>	<small>On which line in Part 1 did you enter the related creditor?</small>	<small>Last 4 digits of account number for this entity</small>
<p>HYG Financial Services, Inc. ATTN: Contracts Department PO Box 35702 Billings, MT 59107</p>	<p>Line <u>2.1</u></p>	
<p>Steve Simon c/o Thomas H. Burke, Esq. 699 Walnut St., Ste. 2000 Des Moines, IA 50309</p>	<p>Line <u>2.3</u></p>	

Fill in this information to identify the case:

Debtor name Rees Associates, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

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 Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,207,918.26</u>	<u>\$1,207,918.26</u>
	Date or dates debt was incurred	Basis for the claim: Employee withholding tax, FICA, Medicare		
	Last 4 digits of account number	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		
2.2	Priority creditor's name and mailing address Iowa Department of Revenue Hoover State Office Building PO Box 10471 Des Moines, IA 50306-0471	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$68,500.00</u>	<u>\$68,500.00</u>
	Date or dates debt was incurred	Basis for the claim: Employee withholding tax		
	Last 4 digits of account number	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		

Debtor Rees Associates, Inc. Case number (if known) _____

Name _____

2.3	Priority creditor's name and mailing address Iowa Workforce Development Unemployment Insurance Tax Bureau 1000 East Grand Ave. Des Moines, IA 50319-0220	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	\$680,514.90 \$680,514.90
Date or dates debt was incurred _____		Basis for the claim: Unemployment tax	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

2.4	Priority creditor's name and mailing address Polk County Treasurer 111 Court Ave. Des Moines, IA 50309-2298	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	\$96,803.60 \$96,803.60
Date or dates debt was incurred _____		Basis for the claim: Real estate taxes	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

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.

3.1	Nonpriority creditor's name and mailing address A1R Cellular Only 655 Walnut Street Des Moines, IA 50306	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	<table border="1" style="width:100%; background-color: #f2f2f2;"> <tr> <th style="text-align: center;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$408.72</td> </tr> </table>	Amount of claim	\$408.72
Amount of claim					
\$408.72					
Date(s) debt was incurred _____		Basis for the claim: <u>Phone</u>			
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

3.2	Nonpriority creditor's name and mailing address Adhesive Compounders, Inc. 326 SW 5th Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,541.92
Date(s) debt was incurred _____		Basis for the claim: <u>Glue</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.3	Nonpriority creditor's name and mailing address Applied Products, Inc. PO Box 776265 Chicago, IL 60677-6265	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	\$588.69
Date(s) debt was incurred _____		Basis for the claim: <u>Glue</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Rees Associates, Inc. Case number (if known) _____

Name

3.4 Nonpriority creditor's name and mailing address **Arthur J. Gallagher Risk Management Co.** **39735 Treasury Center** **Chicago, IL 60694-9700** **\$15,929.00**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Insurance premiums
 Is the claim subject to offset? No Yes

3.5 Nonpriority creditor's name and mailing address **Aureon Communications** **7760 Office Plaza Drive South** **West Des Moines, IA 50265** **\$12,676.64**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: IT support
 Is the claim subject to offset? No Yes

3.6 Nonpriority creditor's name and mailing address **Better Business Bureau** **2625 Beaver Avenue** **Des Moines, IA 50310** **\$615.00**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Dues
 Is the claim subject to offset? No Yes

3.7 Nonpriority creditor's name and mailing address **Todd Cairo** **2745 Forest Drive** **Des Moines, IA 50312** **\$405.00**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Former employee advance
(check never cashed)
 Is the claim subject to offset? No Yes

3.8 Nonpriority creditor's name and mailing address **Central Iowa Hospital Corporation** **PO Box 879** **Des Moines, IA 50304-0879** **\$590.00**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Employee medical
 Is the claim subject to offset? No Yes

3.9 Nonpriority creditor's name and mailing address **Cenveo Commercial Envelope Products** **PO Box 802035** **Chicago, IL 60680-2035** **\$17,279.95**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Envelopes
 Is the claim subject to offset? No Yes

3.10 Nonpriority creditor's name and mailing address **Christian Printers** **1411 21st Street** **Des Moines, IA 50311** **\$619.00**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Printing
 Is the claim subject to offset? No Yes

Debtor Rees Associates, Inc. Case number (if known) _____

Name

3.11 Nonpriority creditor's name and mailing address **Chrysler Capital**
PO Box 660335
Dallas, TX 75266-0335
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$960.83**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Auto loan
 Is the claim subject to offset? No Yes

3.12 Nonpriority creditor's name and mailing address **Cintas Corporation**
PO Box 88005
Chicago, IL 60680-1005
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$317.23**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Laundry services
 Is the claim subject to offset? No Yes

3.13 Nonpriority creditor's name and mailing address **Comtek, Inc.**
3505 SE Cherry Blossom Drive
Ankeny, IA 50021
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$636.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Telephone
 Is the claim subject to offset? No Yes

3.14 Nonpriority creditor's name and mailing address **Coventry Health Care of Iowa**
PO Box 6481
Carol Stream, IL 60197-6481
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$35,007.59**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Insurance premiums
 Is the claim subject to offset? No Yes

3.15 Nonpriority creditor's name and mailing address **Custom Direct - CDI**
ATTN: John Georgas
715 E. Irving Park Rd.
Roselle, IL 60172
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$6,151.61**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Sales commissions
 Is the claim subject to offset? No Yes

3.16 Nonpriority creditor's name and mailing address **Delta Dental of Iowa**
PO Box 5044
Des Moines, IA 50305-5044
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,786.62**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Insurance premiums
 Is the claim subject to offset? No Yes

3.17 Nonpriority creditor's name and mailing address **Des Moines Embassy Club**
666 Grand Avenue, Ste. 3300
Des Moines, IA 50309
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$82.06**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Dues
 Is the claim subject to offset? No Yes

Debtor Rees Associates, Inc. Case number (if known) _____
Name

3.18 Nonpriority creditor's name and mailing address **Des Moines Orthopedic Surgeons, PC** **6001 Westown Parkway** **West Des Moines, IA 50266-7702** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,639.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Employee medical
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.19 Nonpriority creditor's name and mailing address **Des Moines Water Works** **2201 George Flagg Pkwy.** **Des Moines, IA 50321** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,308.47**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Water
 Last 4 digits of account number 1800 Is the claim subject to offset? No Yes

3.20 Nonpriority creditor's name and mailing address **Des Moines Water Works** **2201 George Flagg Pkwy.** **Des Moines, IA 50321** **As of the petition filing date, the claim is:** *Check all that apply.* **\$746.26**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Water
 Last 4 digits of account number 1918 Is the claim subject to offset? No Yes

3.21 Nonpriority creditor's name and mailing address **Direct Marketing Association, Inc.** **PO Box 505228** **Saint Louis, MO 63150-5228** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,500.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Dues
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.22 Nonpriority creditor's name and mailing address **Edwards** **PO Box 655** **Des Moines, IA 50303** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,072.46**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Services
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.23 Nonpriority creditor's name and mailing address **Epicomm** **One Meadowlands Plaza, Ste. 1511** **East Rutherford, NJ 07073** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,200.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Dues
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.24 Nonpriority creditor's name and mailing address **Fairrington Transporation Corp.** **6730 Eagle Way** **Chicago, IL 60678-1067** **As of the petition filing date, the claim is:** *Check all that apply.* **\$4,752.56**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Freight
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

Debtor Rees Associates, Inc. Case number (if known) _____
Name

3.25 Nonpriority creditor's name and mailing address **Federal Express Corp.** **PO Box 94515** **Palatine, IL 60094-4515** **As of the petition filing date, the claim is:** *Check all that apply.* **\$226.25**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Freight
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Is the claim subject to offset? No Yes

3.26 Nonpriority creditor's name and mailing address **Forklifts of Des Moines** **1625 E. Euclid Ave.** **Des Moines, IA 50313** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,800.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Equipment rental
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Is the claim subject to offset? No Yes

3.27 Nonpriority creditor's name and mailing address **Gentry Parts, Inc.** **147 Radio Avenue** **Miller Place** **New York, NY 11764** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,550.91**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Parts
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Is the claim subject to offset? No Yes

3.28 Nonpriority creditor's name and mailing address **Hamilton Juffer & Associates, LLP** **666 Grand Ave., Ste. 2400** **Des Moines, IA 50309** **As of the petition filing date, the claim is:** *Check all that apply.* **\$16,930.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Accounting services
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Is the claim subject to offset? No Yes

3.29 Nonpriority creditor's name and mailing address **Hupp Toyotalift** **PO Box 353** **Cedar Rapids, IA 52406-0353** **As of the petition filing date, the claim is:** *Check all that apply.* **\$5,507.50**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Equipment rental
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Is the claim subject to offset? No Yes

3.30 Nonpriority creditor's name and mailing address **Integrity Printing** **1923 NW 92nd Court** **Clive, IA 50325** **As of the petition filing date, the claim is:** *Check all that apply.* **\$14,398.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Printing
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Is the claim subject to offset? No Yes

3.31 Nonpriority creditor's name and mailing address **Iowa Methodist Medical Center** **North 1 / Cashier IM** **1200 Pleasant Street** **Des Moines, IA 50309-1454** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,008.13**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: Employee medical
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Is the claim subject to offset? No Yes

Debtor Rees Associates, Inc. Case number (if known) _____
Name

3.32 Nonpriority creditor's name and mailing address **Iowa Storage Trailer, Inc.** **3216 SE 21st St.** **Des Moines, IA 50320** **As of the petition filing date, the claim is:** *Check all that apply.* **\$5,670.56**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Storage trailer rental
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.33 Nonpriority creditor's name and mailing address **Iron Works** **1924 SW Second St.** **Des Moines, IA 50315** **As of the petition filing date, the claim is:** *Check all that apply.* **\$545.90**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Iron/steel
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.34 Nonpriority creditor's name and mailing address **Rick Logan** **14440 Garst Trail** **Indianola, IA 50125** **As of the petition filing date, the claim is:** *Check all that apply.* **\$379.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Computer parts
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.35 Nonpriority creditor's name and mailing address **Logoed Apparel & Promotions** **139 4th St., #100** **West Des Moines, IA 50265** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,679.26**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Employee shirts
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.36 Nonpriority creditor's name and mailing address **Lundstrom, LLC** **PO Box 831** **Des Moines, IA 50304-0831** **As of the petition filing date, the claim is:** *Check all that apply.* **\$106,660.56**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Loan
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.37 Nonpriority creditor's name and mailing address **S. Scott Lundstrom** **1736 NW 70th Ave.** **Ankeny, IA 50023** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,564.20**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Employee expense reimbursement
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.38 Nonpriority creditor's name and mailing address **Stephen D. Lundstrom** **PO Box 831** **Des Moines, IA 50304-0831** **As of the petition filing date, the claim is:** *Check all that apply.* **\$3,611.43**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Loan
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

Debtor Rees Associates, Inc. Case number (if known) _____

Name

3.39 Nonpriority creditor's name and mailing address **Stephen D. Lundstrom**
PO Box 831
Des Moines, IA 50304-0831
 Date(s) debt was incurred _____
 Last 4 digits of account number 7007

As of the petition filing date, the claim is: *Check all that apply.* **\$193,352.16**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Loan
 Is the claim subject to offset? No Yes

3.40 Nonpriority creditor's name and mailing address **Jacqueline Mancia**
2302 Benetta Ave
Des Moines, IA 50310
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$68.71**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Employee expense reimbursement
 Is the claim subject to offset? No Yes

3.41 Nonpriority creditor's name and mailing address **Mercy Medical Center**
PO Box 14549
Des Moines, IA 50306-3584
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$1,601.87**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Employee medical
 Is the claim subject to offset? No Yes

3.42 Nonpriority creditor's name and mailing address **Methodist Occupational Health & Wellness**
6000 University Ave., Ste. 124
West Des Moines, IA 50266
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$993.03**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Employee medical
 Is the claim subject to offset? No Yes

3.43 Nonpriority creditor's name and mailing address **Mid-American Energy**
PO Box 8020
Davenport, IA 52808-8020
 Date(s) debt was incurred _____
 Last 4 digits of account number 1800

As of the petition filing date, the claim is: *Check all that apply.* **\$9,519.40**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Utilities
 Is the claim subject to offset? No Yes

3.44 Nonpriority creditor's name and mailing address **Mid-American Energy**
PO Box 8020
Davenport, IA 52808-8020
 Date(s) debt was incurred _____
 Last 4 digits of account number 1918

As of the petition filing date, the claim is: *Check all that apply.* **\$3,783.63**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Utilities
 Is the claim subject to offset? No Yes

3.45 Nonpriority creditor's name and mailing address **Midwest Office Technology, Inc.**
6294 NE 14th St.
Des Moines, IA 50313
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$155.78**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: Copier service
 Is the claim subject to offset? No Yes

Debtor Rees Associates, Inc. Case number (if known) _____

Name

3.46 Nonpriority creditor's name and mailing address **Marcia K. Moore**
1070 50th St., #4F
West Des Moines, IA 50266
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$53.00**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Employee expense reimbursement**
 Is the claim subject to offset? No Yes

3.47 Nonpriority creditor's name and mailing address **Packaging Distribution Services, Inc.**
PO Box 1284
Des Moines, IA 50305
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$42,379.16**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Cartons**
 Is the claim subject to offset? No Yes

3.48 Nonpriority creditor's name and mailing address **Penske Truck Leasing Co., L.P.**
PO Box 802577
Chicago, IL 60680
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$10,092.20**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Equipment rental**
 Is the claim subject to offset? No Yes

3.49 Nonpriority creditor's name and mailing address **Per Mar**
PO Box 1101
Davenport, IA 52805-1101
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$277.97**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Security services**
 Is the claim subject to offset? No Yes

3.50 Nonpriority creditor's name and mailing address **Polk County Treasurer**
111 Court Ave.
Des Moines, IA 50309-2298
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,815.50**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Outstanding checks**
 Is the claim subject to offset? No Yes

3.51 Nonpriority creditor's name and mailing address **Presto-X LLC**
PO Box 14087
Reading, PA 19612-4087
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$60.20**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Pest control services**
 Is the claim subject to offset? No Yes

3.52 Nonpriority creditor's name and mailing address **Resonance LLC**
1603 Capital Ave., Ste. 314
Cheyenne, WY 82001
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,960.00**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **IT services**
 Is the claim subject to offset? No Yes

Debtor Rees Associates, Inc. Case number (if known) _____

Name

3.53 Nonpriority creditor's name and mailing address **RR Donnelley**
PO Box 932721
Cleveland, OH 44193
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$40,990.14**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Freight**
 Is the claim subject to offset? No Yes

3.54 Nonpriority creditor's name and mailing address **RR Donnelley**
1333 Scheuring Road
De Pere, WI 54115
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$30,952.54**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Freight**
 Is the claim subject to offset? No Yes

3.55 Nonpriority creditor's name and mailing address **RR Donnelley Logistics Svc, Inc.**
ATTN: Greg Haldeman, CCC
PO Box 141
Naperville, IL 60566
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$101,404.60**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Old freight**
 Is the claim subject to offset? No Yes

3.56 Nonpriority creditor's name and mailing address **Sheakley PaySystems**
500 SW 7th Street, Ste. 204
Des Moines, IA 50309
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$3,455.54**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Payroll services**
 Is the claim subject to offset? No Yes

3.57 Nonpriority creditor's name and mailing address **The Standard Insurance Co.**
PO Box 3789
Portland, OR 97208-3789
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$779.66**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Insurance premiums**
 Is the claim subject to offset? No Yes

3.58 Nonpriority creditor's name and mailing address **Staples Advantage**
Dept. DET
PO Box 83689
Chicago, IL 60696-3689
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$946.13**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Office supplies**
 Is the claim subject to offset? No Yes

3.59 Nonpriority creditor's name and mailing address **Peter Stein**
203 Lou Avenue
Kings Park, NY 11754
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$46,029.77**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Sales commissions**
 Is the claim subject to offset? No Yes

Debtor Rees Associates, Inc. Case number (if known) _____

Name

3.60 Nonpriority creditor's name and mailing address **Thompson Direct, Inc.**
2397 Von Esch Rd., Unit K
Plainfield, IL 60586
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,690.33**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Plastic strapping**
 Is the claim subject to offset? No Yes

3.61 Nonpriority creditor's name and mailing address **Dam T. Tran**
1169 ML King Parkway
Des Moines, IA 50314
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$841.38**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Employee wages**
(check never cashed)
 Is the claim subject to offset? No Yes

3.62 Nonpriority creditor's name and mailing address **ULINE**
PO Box 88741
Chicago, IL 60680-1741
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$356.96**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Product supplies**
 Is the claim subject to offset? No Yes

3.63 Nonpriority creditor's name and mailing address **US Postal Service**
1165 2nd Ave.
Des Moines, IA 50318-9998
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$80.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **PO box fee**
 Is the claim subject to offset? No Yes

3.64 Nonpriority creditor's name and mailing address **Veritiv Operating Company**
3568 Solutions Center
Chicago, IL 60677-3005
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$17,570.43**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Supplies**
 Is the claim subject to offset? No Yes

3.65 Nonpriority creditor's name and mailing address **Verizon Wireless 1**
PO Box 25505
Lehigh Valley, PA 18002-5505
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$560.25**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Phone**
 Is the claim subject to offset? No Yes

3.66 Nonpriority creditor's name and mailing address **Verizon Wireless 2**
PO Box 25505
Lehigh Valley, PA 18002-5505
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$71.16**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Phone**
 Is the claim subject to offset? No Yes

Debtor Rees Associates, Inc. Case number (if known) _____
Name

3.67 Nonpriority creditor's name and mailing address **Walmart** **PO Box 707600** **Tulsa, OK 74170** **As of the petition filing date, the claim is:** *Check all that apply.* **\$14,495.49**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Payroll checks reimbursement
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.68 Nonpriority creditor's name and mailing address **Waste Management of Iowa** **PO Box 9001054** **Louisville, KY 40290-1054** **As of the petition filing date, the claim is:** *Check all that apply.* **\$28.40**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Refuse service
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.69 Nonpriority creditor's name and mailing address **Whittier Mailing Products, Inc.** **13019 Park Street** **Santa Fe Springs, CA 90670-4005** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,177.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Postal supplies
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.70 Nonpriority creditor's name and mailing address **Willis Auto Campus** **2121 NW 100th St.** **Clive, IA 50325-5348** **As of the petition filing date, the claim is:** *Check all that apply.* **\$4,555.75**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Auto repair
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.71 Nonpriority creditor's name and mailing address **Windstream (PAETEC)** **PO Box 9001013** **Louisville, KY 40290-1013** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,199.77**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Telephone
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.72 Nonpriority creditor's name and mailing address **XPOLogistics** **27224 Network Place** **Chicago, IL 60673-1277** **As of the petition filing date, the claim is:** *Check all that apply.* **\$4,745.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Freight
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.73 Nonpriority creditor's name and mailing address **YRC Freight** **PO Box 93151** **Chicago, IL 60673-3151** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,035.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** Freight
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

Debtor Rees Associates, Inc. Case number (if known) _____

Name

3.74	Nonpriority creditor's name and mailing address Zoro Tools, Inc. PO Box 481193 Niles, IL 60714-6193 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,919.24
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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 Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Internal Revenue Service ATTN: Kimberly Bridges, Revenue Officer 210 Walnut St., Stop 5115DSM Des Moines, IA 50309-2115	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—

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

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

		Total of claim amounts
5a. Total claims from Part 1	5a. \$ _____	2,053,736.76
5b. Total claims from Part 2	5b. + \$ _____	821,343.40
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ _____	2,875,080.16

Fill in this information to identify the case:

Debtor name Rees Associates, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

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 **Lease of 7 Enersys batteries**

State the term remaining **59 months (to May 9, 2017)**
List the contract number of any government contract _____

**HYG Financial Services, Inc.
300 E. John Carpenter Freeway
Irving, TX 75062-2712**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Lease of business properties at 1800 SW 2nd Street, Des Moines, Iowa, and 1918 SW 2nd Street, Des Moines, Iowa**

State the term remaining **Until January, 2018**
List the contract number of any government contract _____

**Lundstrom Capital Management, LLC
PO Box 831
Des Moines, IA 50315**

Fill in this information to identify the case:

Debtor name Rees Associates, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

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 **Stephen D. Lundstrom**

**PO Box 831
Des Moines, IA 50304-0831**

PAST Financial, L.C.

D 2.3
 E/F _____
 G _____

Fill in this information to identify the case:

Debtor name Rees Associates, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

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
Income through
 Other 2/24/17

\$432,803.10

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

Operating a business
 Other _____

\$3,716,610.68

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

Operating a business
 Other _____

\$3,588,901.00

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

Debtor Rees Associates, Inc.

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Coventry Health Care of Iowa PO Box 6481 Carol Stream, IL 60197-6481	12/29/16 and 1/27/17	\$22,085.53	<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 <u>Insurance premiums</u>
3.2. Integrity Printing 1923 NW 92nd Court Clive, IA 50325	12/15/16 and 12/22/16	\$9,784.00	<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 <u>Printing</u>
3.3. Lundstrom Capital Management, LLC PO Box 831 Des Moines, IA 50304	12/5/16, 2/6/17, 2/23/17	\$73,000.00	<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 <u>Lease of real estate</u>
3.4. Mid-American Energy PO Box 8020 Davenport, IA 52808-8020	12/1/16, 12/15/16 and 1/19/17	\$20,189.67	<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 <u>utilities</u>
3.5. Packaging Distribution Services, Inc. PO Box 1284 Des Moines, IA 50305	1/27/17, 2/2/17, 2/9/17, 2/16/17	\$24,000.00	<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 <u>Cartons</u>
3.6. Penske Truck Leasing Co., L.P. PO Box 802577 Chicago, IL 60680	12/1/16 through 2/2/17	\$6,914.01	<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 <u>Equipment rental</u>
3.7. RR Donnelley 1333 Scheuring Road De Pere, WI 54115	12/8/16	\$8,747.56	<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 <u>Freight</u>
3.8. Travelers	12/1/16 through 2/3/17	\$15,731.62	<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 <u>Insurance premiums</u>

Debtor **Rees Associates, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. US Postal Service 1165 2nd Ave. Des Moines, IA 50318-9998	12/21/16, 1/20/17, 2/9/17	\$6,882.00	<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 Postage
3.10 Veritiv Operating Company 3568 Solutions Center Chicago, IL 60677-3005	12/8/16 through 2/16/17	\$17,385.01	<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 Supplies
3.11 Chase VISA PO Box 15123 Wilmington, DE 19850-5123	12/1/16 through 2/14/17	\$17,050.00	<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 Credit card purchases
3.12 Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	12/2/16 through 2/21/17	\$95,539.02	<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 Federal tax deposits
3.13 Iowa Workforce Development Unemployment Insurance Tax Bureau 1000 East Grand Ave. Des Moines, IA 50319-0220	1/13/2017	\$27,450.44	<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 State unemployment tax
3.14 Iowa Department of Revenue Hoover State Office Building PO Box 10471 Des Moines, IA 50306-0471	2/17/2017	\$31,908.00	<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 State withholding tax

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
4.1. Stephen D. Lundstrom PO Box 831 Des Moines, IA 50304-0831 President	12/7/16 through 2/6/17	\$14,247.80	Expense reimbursements

Debtor **Rees Associates, Inc.**

Case number (if known) _____

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
---------------------------	----------------	------------------------------------	----------------

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
Break in water line; insurance company has denied coverage; cost to repair is \$15,000 - \$20,000	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p> <p>None</p>	2 - 3 weeks ago	\$20,000.00

Part 6: Certain Payments or Transfers

Debtor **Rees Associates, Inc.**

Case number (if known) _____

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.	Bradshaw, Fowler, Proctor & Fairgrave PC 801 Grand Avenue, Suite 3700 Des Moines, IA 50309-8004	\$50,000.00 Attorney fee retainer and filing fee, of which \$8,108.50 was applied to pre-petition attorney fees, with the balance of \$41,891.50 held in the law firm's Trust Account	February 27, 2017	\$50,000.00
	Email or website address www.bradshawlaw.com			
	Who made the payment, if not debtor?			

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
---------	-------------------------------

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.

Debtor **Rees Associates, Inc.**

Case number (if known)

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

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?

No Go to Part 10.

Yes. Fill in below:

Name of plan

Rees Associates, Inc. 401(k) Plan

Employer identification number of the plan

EIN: **42-1422198, Plan No. 001**

Has the plan been terminated?

- No
- Yes

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

Debtor **Rees Associates, Inc.**

Case number (if known) _____

not list leased or rented property.

None

Owner's name and address	Location of the property	Describe the property	Value
Various customers of debtor	Debtor's business addresses	Customers supply their own inserts, printed materials, etc. for the debtor to process and ship	Unknown
Owner's name and address	Location of the property	Describe the property	Value
Various customers of debtor		Some of debtor's customers prepay postage for shipping and mailing customers documents	\$50,199.00

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
---------------------------	----------------------------------	--------------------	----------------

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

Debtor **Rees Associates, Inc.**

Case number (if known)

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

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

26a.1. **Debtor's in-house bookkeepers**

26a.2. **Hamilton Juffer & Associates, LLP
666 Grand Ave., Ste. 2400
Des Moines, IA 50309**

For tax returns only

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

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

26c.1. **Debtor's in-house bookkeepers**

26c.2. **Hamilton Juffer & Associates, LLP
666 Grand Ave., Ste. 2400
Des Moines, IA 50309**

Books and records for tax return preparation only

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

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

27.1 **Purchasing manager**

Inventories are done solely for the purpose of additional purchases as needed to stock supplies; no printed inventories are available; value of approx. \$20,162.11 at cost

Every Wednesday

Name and address of the person who has possession of inventory records

Debtor

Debtor **Rees Associates, Inc.**

Case number (if known) _____

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
Stephen D. Lundstrom	PO Box 831 Des Moines, IA 50304-0831	President, Secretary, Treasurer, Director	100%

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
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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
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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
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Debtor Rees Associates, Inc.

Case number (if known) _____

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 February 27, 2017

/s/ Stephen D. Lundstrom
Signature of individual signing on behalf of the debtor

Stephen D. Lundstrom
Printed name

Position or relationship to debtor President

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

- No
- Yes

United States Bankruptcy Court Southern District of Iowa

In re Rees Associates, Inc.

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:

Table with 2 columns: Description of compensation and Amount. Rows include: For legal services, I have agreed to accept; Prior to the filing of this statement I have received; Balance Due. All amounts are \$ 0.00.

2. \$ 0.00 of the filing fee has been paid.

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

Debtor [checked] Other (specify): [unchecked]

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

Debtor [checked] Other (specify): [unchecked]

5. 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.

6. 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. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
e. [Other provisions as needed]

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

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.

February 27, 2017

Date

/s/ Jeffrey D. Goetz

Jeffrey D. Goetz

Signature of Attorney

Bradshaw, Fowler, Proctor & Fairgrave PC

801 Grand Avenue, Suite 3700

Des Moines, IA 50309-8004

515-243-4191 Fax: 515-246-5808

www.bradshawlaw.com

Name of law firm

**United States Bankruptcy Court
Southern District of Iowa**

In re Rees Associates, Inc.

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
Stephen D. Lundstrom PO Box 831 Des Moines, IA 50304-0831			100% of stock

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** 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 February 27, 2017

Signature /s/ Stephen D. Lundstrom
Stephen D. Lundstrom

*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
Southern District of Iowa**

In re Rees Associates, Inc.

Debtor(s)

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Chapter

11

**VERIFICATION OF MASTER ADDRESS LIST
ON PAPER (CREDITOR MATRIX)**

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the attached Master Address List (creditor matrix), consisting of 7 pages, and that it is true and correct to the best of my knowledge, information, and belief.

Date: February 27, 2017

/s/ Stephen D. Lundstrom

Stephen D. Lundstrom/President

Signer/Title

VER_MTRX (Rev. 04/00)

A1R Cellular Only
655 Walnut Street
Des Moines, IA 50306

Adhesive Compounders, Inc.
326 SW 5th
Des Moines, IA 50309

Applied Products, Inc.
PO Box 776265
Chicago, IL 60677-6265

Arthur J. Gallagher Risk Management Co.
39735 Treasury Center
Chicago, IL 60694-9700

Aureon Communications
7760 Office Plaza Drive South
West Des Moines, IA 50265

Better Business Bureau
2625 Beaver Avenue
Des Moines, IA 50310

Todd Cairo
2745 Forest Drive
Des Moines, IA 50312

Central Iowa Hospital Corporation
PO Box 879
Des Moines, IA 50304-0879

Cenveo Commercial Envelope Products
PO Box 802035
Chicago, IL 60680-2035

Christian Printers
1411 21st Street
Des Moines, IA 50311

Chrysler Capital
PO Box 660335
Dallas, TX 75266-0335

Cintas Corporation
PO Box 88005
Chicago, IL 60680-1005

Comtek, Inc.
3505 SE Cherry Blossom Drive
Ankeny, IA 50021

Coventry Health Care of Iowa
PO Box 6481
Carol Stream, IL 60197-6481

Custom Direct - CDI
ATTN: John Georgas
715 E. Irving Park Rd.
Roselle, IL 60172

Delta Dental of Iowa
PO Box 5044
Des Moines, IA 50305-5044

Des Moines Embassy Club
666 Grand Avenue, Ste. 3300
Des Moines, IA 50309

Des Moines Orthopedic Surgeons, PC
6001 Westown Parkway
West Des Moines, IA 50266-7702

Des Moines Water Works
2201 George Flagg Pkwy.
Des Moines, IA 50321

Direct Marketing Association, Inc.
PO Box 505228
Saint Louis, MO 63150-5228

Edwards
PO Box 655
Des Moines, IA 50303

Epicomm
One Meadowlands Plaza, Ste. 1511
East Rutherford, NJ 07073

Fairrington Transportation Corp.
6730 Eagle Way
Chicago, IL 60678-1067

Federal Express Corp.
PO Box 94515
Palatine, IL 60094-4515

Forklifts of Des Moines
1625 E. Euclid Ave.
Des Moines, IA 50313

Gentry Parts, Inc.
147 Radio Avenue
Miller Place
New York, NY 11764

Hamilton Juffer & Associates, LLP
666 Grand Ave., Ste. 2400
Des Moines, IA 50309

Hupp Toyotalift
PO Box 353
Cedar Rapids, IA 52406-0353

HYG Financial Services, Inc.
300 E. John Carpenter Freeway
Irving, TX 75062-2712

HYG Financial Services, Inc.
ATTN: Contracts Department
PO Box 35702
Billings, MT 59107

Integrity Printing
1923 NW 92nd Court
Clive, IA 50325

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
ATTN: Kimberly Bridges, Revenue Officer
210 Walnut St., Stop 5115DSM
Des Moines, IA 50309-2115

Iowa Department of Revenue
Hoover State Office Building
PO Box 10471
Des Moines, IA 50306-0471

Iowa Methodist Medical Center
North 1 / Cashier IM
1200 Pleasant Street
Des Moines, IA 50309-1454

Iowa Storage Trailer, Inc.
3216 SE 21st St.
Des Moines, IA 50320

Iowa Workforce Development
Unemployment Insurance Tax Bureau
1000 East Grand Ave.
Des Moines, IA 50319-0220

Iron Works
1924 SW Second St.
Des Moines, IA 50315

Rick Logan
14440 Garst Trail
Indianola, IA 50125

Logoed Apparel & Promotions
139 4th St., #100
West Des Moines, IA 50265

Lundstrom Capital Management, LLC
PO Box 831
Des Moines, IA 50304

Lundstrom Capital Management, LLC
PO Box 831
Des Moines, IA 50315

Lundstrom, LLC
PO Box 831
Des Moines, IA 50304-0831

S. Scott Lundstrom
1736 NW 70th Ave.
Ankeny, IA 50023

Stephen D. Lundstrom
PO Box 831
Des Moines, IA 50304-0831

Jacqueline Mancia
2302 Benetta Ave
Des Moines, IA 50310

Mercy Medical Center
PO Box 14549
Des Moines, IA 50306-3584

Methodist Occupational Health & Wellness
6000 University Ave., Ste. 124
West Des Moines, IA 50266

Mid-American Energy
PO Box 8020
Davenport, IA 52808-8020

Midwest Office Technology, Inc.
6294 NE 14th St.
Des Moines, IA 50313

Marcia K. Moore
1070 50th St., #4F
West Des Moines, IA 50266

Packaging Distribution Services, Inc.
PO Box 1284
Des Moines, IA 50305

PAST Financial, L.C.
ATTN: Steve Simon
5645 Beechtree Drive
West Des Moines, IA 50266

Penske Truck Leasing Co., L.P.
PO Box 802577
Chicago, IL 60680

Per Mar
PO Box 1101
Davenport, IA 52805-1101

Polk County Treasurer
111 Court Ave.
Des Moines, IA 50309-2298

Presto-X LLC
PO Box 14087
Reading, PA 19612-4087

Resonance LLC
1603 Capital Ave., Ste. 314
Cheyenne, WY 82001

RR Donnelley
PO Box 932721
Cleveland, OH 44193

RR Donnelley
1333 Scheuring Road
De Pere, WI 54115

RR Donnelley Logistics Svc, Inc.
ATTN: Greg Haldeman, CCC
PO Box 141
Naperville, IL 60566

Sheakley PaySystems
500 SW 7th Street, Ste. 204
Des Moines, IA 50309

Steve Simon
c/o Thomas H. Burke, Esq.
699 Walnut St., Ste. 2000
Des Moines, IA 50309

The Standard Insurance Co.
PO Box 3789
Portland, OR 97208-3789

Staples Advantage
Dept. DET
PO Box 83689
Chicago, IL 60696-3689

Peter Stein
203 Lou Avenue
Kings Park, NY 11754

Thompson Direct, Inc.
2397 Von Esch Rd., Unit K
Plainfield, IL 60586

Dam T. Tran
1169 ML King Parkway
Des Moines, IA 50314

ULINE
PO Box 88741
Chicago, IL 60680-1741

US Postal Service
1165 2nd Ave.
Des Moines, IA 50318-9998

Veritiv Operating Company
3568 Solutions Center
Chicago, IL 60677-3005

Verizon Wireless 1
PO Box 25505
Lehigh Valley, PA 18002-5505

Verizon Wireless 2
PO Box 25505
Lehigh Valley, PA 18002-5505

Walmart
PO Box 707600
Tulsa, OK 74170

Waste Management of Iowa
PO Box 9001054
Louisville, KY 40290-1054

Whittier Mailing Products, Inc.
13019 Park Street
Santa Fe Springs, CA 90670-4005

Willis Auto Campus
2121 NW 100th St.
Clive, IA 50325-5348

Windstream (PAETEC)
PO Box 9001013
Louisville, KY 40290-1013

XPOLogistics
27224 Network Place
Chicago, IL 60673-1277

YRC Freight
PO Box 93151
Chicago, IL 60673-3151

Zoro Tools, Inc.
PO Box 481193
Niles, IL 60714-6193

**United States Bankruptcy Court
Southern District of Iowa**

In re Rees Associates, Inc.

Debtor(s)

Case No.

Chapter 11

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 Rees Associates, Inc. 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*]

February 27, 2017

Date

/s/ Jeffrey D. Goetz

Jeffrey D. Goetz

Signature of Attorney or Litigant
Counsel for Rees Associates, Inc.

Bradshaw, Fowler, Proctor & Fairgrave PC

801 Grand Avenue, Suite 3700

Des Moines, IA 50309-8004

515-243-4191 Fax:515-246-5808

www.bradshawlaw.com