

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter 11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

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 Borowiak IGA Foodliner, Inc

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

DBA Borowiak's IGA

3. Debtor's federal Employer Identification Number (EIN) 37-0949720

4. Debtor's address **Principal place of business**

13 N 5th St
Albion, IL 62806

Number, Street, City, State & ZIP Code

Edwards
County

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) Borowiaksonline.com

6. Type of debtor

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

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor **Borowiak IGA Foodliner, 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>.

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 \$2,725,625 (amount subject to adjustment on 4/01/22 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 **Borowiak IGA Foodliner, Inc**
Name

Case number (if known)

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

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☐ 50-99☐ 100-199☒ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Borowiak IGA Foodliner, Inc**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

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

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

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

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

Executed on **September 17, 2019**
MM / DD / YYYY**X /s/ Trevor Borowiak**

Signature of authorized representative of debtor

Trevor Borowiak

Printed name

Title **President****18. Signature of attorney****X /s/ Douglas A. Antonik**

Signature of attorney for debtor

Date **September 17, 2019**

MM / DD / YYYY

Douglas A. Antonik 06190629

Printed name

Antonik Law Offices

Firm name

Post Office Box 594**Mt. Vernon, IL 62864**

Number, Street, City, State & ZIP Code

Contact phone **618-244-5739**Email address **antoniklaw@charter.net****06190629 IL**

Bar number and State

Fill in this information to identify the case:Debtor name Borowiak IGA Foodliner, IncUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS

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 September 17, 2019**X /s/ Trevor Borowiak**

Signature of individual signing on behalf of debtor

Trevor Borowiak

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Borowiak IGA Foodliner, Inc**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS**

Case number (if known): _____

☐ Check if this is an
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** 12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ace Hardware Corp 2200 Kensington Ct Oak Brook, IL 60523-2103		Clawback				\$83,038.67
Ace Hardware Corp 2200 Kensington Ct Oak Brook, IL 60523-2103		Produce				\$29,201.05
Central Cigars - Candy Co PO Box 420 Lawrenceville, IL 62439		Product				\$24,174.70
Citizens National of Albion 10 West Elm St Albion, IL 62806		Equipment, inventory, accounts receivable		\$3,352,000.00	\$2,191,314.28	\$1,160,685.72
Coca Cola Bottling Co Consolidated PO Box 602937 Charlotte, NC 28260-2937		Product				\$69,373.79
Direct Energy Business PO Box 70220 Philadelphia, PA 19176-0220		Utilities				\$87,463.49
Dixie Cream Donuts 510 West Main West Frankfort, IL 62896		Product				\$46,614.70
Edward Borowiak 13 N 5th St Albion, IL 62806-1021		Unsecured loan				\$300,000.00

Debtor **Borowiak IGA Foodliner, 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
Frito-Lay 75 Remittance Drive Ste 1217 Chicago, IL 60675-1217		Product				\$30,537.94
Hartford Financial Services PO Box 415738 Boston, MA 02241-5738		Insurance				\$24,000.00
Heartland Coca Cola Bottling Co PO Box 74008600 Chicago, IL 60674-8600		Product				\$50,805.21
Heritage Petroleum LLC PO Box 6850 Evansville, IN 47719		Product				\$63,057.04
John and Barbara Mckim PO Box 308 Lawrenceville, IL 62439-0308		Lawrenceville lease				\$70,000.00
Mack's Auto Sales Inc 1172 Catman Court Marion, IL 62959		Marion lease				\$38,500.00
Moran Foods LLC 400 Northwest Plaza Dr Saint Ann, MO 63074		Clawback Sav-a-Lot	Disputed			\$257,788.71
Supervalu 11840 Valley View Rd Eden Prairie, MN 55344		inventory		\$2,168,333.33	\$863,741.53	\$1,304,591.80
Trevor Borowiak 235 W Elm St Albion, IL 62806		Personal loans				\$892,000.00
Troyer Foods Inc PO Box 1938 Bloomington, IN 47402-1938		Product				\$623,482.38
UNFI Supervalue PO Box 9008 Champaign, IL 61826						\$124,744.40

Debtor **Borowiak IGA Foodliner, 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
United Food & Commercial Workers PO Box 6000 Frankfort, IL 60423-6000		Union claim	Disputed			\$201,591.00

Fill in this information to identify the case:Debtor name **Borowiak IGA Foodliner, Inc**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS**

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>	\$ 0.00
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ 2,205,931.14
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ 2,205,931.14

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>	\$ 5,520,333.33
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>	\$ 19,567.33
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>	+\$ 3,557,976.59
4. Total liabilities	
Lines 2 + 3a + 3b	\$ 9,097,877.25

Fill in this information to identify the case:Debtor name **Borowiak IGA Foodliner, Inc**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS**

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**

2.	Cash on hand			
				\$3,867.01
2.	Cash on hand			\$3,332.48
2.	Cash on hand			\$3,337.42

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

Banterra Bank
3.1. **Mt. Vernon store**

Checking account

9196

\$31,907.94

Community Bank and Trust
3.2. **Centralia store**

Checking account

4116

\$700.54

Citizens National Bank
3.3. **Albion Store**

Checking account

8586

\$43,295.36

1st Bank
3.4. **Grayville store**

Checking account

6842

\$562.11

1st National Bank Allendale
3.5. **Mt. Carmel store**

Checking account

6092

\$41,152.87

Debtor **Borowiak IGA Foodliner, Inc**
Name

Case number (If known)

3.6. Banterra Bank Carterville store	Checking account	5284	\$18,354.67
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3.7. Citizens National Bank	Sweep account		\$5,792.16
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4. **Other cash equivalents (Identify all)**

4.1. 401(k) Citizens National Bank			\$137.66
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5. **Total of Part 1.****\$152,440.22**

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?

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

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

11. **Accounts receivable**

11a. 90 days old or less:	33,559.22	-	0.00	=	\$33,559.22
face amount			doubtful or uncollectible accounts		

11b. Over 90 days old:	8,790.17	-	0.00	=....	\$8,790.17
face amount			doubtful or uncollectible accounts		

12. **Total of Part 3.****\$42,349.39**

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

Part 4: Investments

13. Does the debtor own any investments?

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

Valuation method used
for current valueCurrent value of
debtor's interest14. **Mutual funds or publicly traded stocks not included in Part 1**
Name of fund or stock:15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Debtor **Borowiak IGA Foodliner, Inc** Case number (If known) _____
 Name _____

Name of entity: **Ace Hardware Corporation** % of ownership
Class C stock - 137 shares
Class A stock - 1 share

15.1. **Subject to offset** **100** % **\$5,000.00**

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

17. **Total of Part 4.**

\$5,000.00

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

Part 5: Inventory, excluding agriculture assets

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

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

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale inventory	September 1, 2019	\$863,741.53	Recent cost	\$863,741.53

22. **Other inventory or supplies**

23. **Total of Part 5.**

\$863,741.53

Add lines 19 through 22. Copy the total to line 84.

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 **0.00** Valuation method Current Value **0.00**

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

- ☒ No
☐ Yes

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

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

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

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.

Debtor **Borowiak IGA Foodliner, Inc**
Name

Case number (If known)

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 computers	\$2,500.00		\$2,500.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$2,500.00
44. Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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. 2000 Chevy S-10 187,314 miles	\$0.00	NADA	\$725.00
47.2. 2002 Cavalier 237,526 miles	\$0.00	NADA	\$375.00
47.3. 2000 Freightliner Heavy duty Model IC CHA 578,841 miles	\$0.00	Debtor	\$2,500.00
47.4. 2000 Chevy S-10 205,069 miles	\$0.00	Debtor	\$400.00
47.5. 1997 Chevy Silverado GMMT-400 235,418 miles	\$0.00	Debtor	\$800.00

Debtor **Borowiak IGA Foodliner, Inc** Case number (If known) _____
 Name

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

49. **Aircraft and accessories**

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

Albion store

As a going concern value	\$0.00	\$350,000.00
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Grayville store

Auction value	\$0.00	\$30,000.00
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Mt. Carmel store

As a going concern value	\$0.00	\$300,000.00
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Mt. Vernon store

Auction value	\$0.00	\$75,000.00
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Carterville store

As a going concern value	\$0.00	\$350,000.00
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Centralia store

Auction value	\$0.00	\$30,000.00
---------------	--------	-------------

51. **Total of Part 8.**

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

\$1,139,800.00

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

☐ No

☒ Yes

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

☒ No

☐ Yes

Part 9: Real property

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

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

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

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

60. **Patents, copyrights, trademarks, and trade secrets**

Debtor Borowiak IGA Foodliner, Inc Case number (If known) _____

Name

	Trademark	\$0.00	Est	\$100.00
61.	Internet domain names and websites <u>Borowiaksonline.com</u>	<u>\$0.00</u>		<u>\$0.00</u>
62.	Licenses, franchises, and royalties <u>Liquor licences - Mt. Vernon, Centralia, Grayville</u>	<u>\$0.00</u>		<u>\$0.00</u>
	<u>IGA license agreement</u>	<u>\$0.00</u>		<u>\$0.00</u>
	<u>Ace Hardware - franchise agreement</u>	<u>\$0.00</u>		<u>\$0.00</u>

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

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

\$100.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No☐ Yes**Part 11: All other assets**

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

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

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

Debtor **Borowiak IGA Foodliner, Inc**
Name

Case number (If known)

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$152,440.22	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$42,349.39	
83. Investments. <i>Copy line 17, Part 4.</i>	\$5,000.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$863,741.53	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$2,500.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$1,139,800.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$100.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$2,205,931.14	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$2,205,931.14

Fill in this information to identify the case:Debtor name **Borowiak IGA Foodliner, Inc**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS**

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 Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Citizens National of Albion Creditor's Name 10 West Elm St Albion, IL 62806 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 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.	Describe debtor's property that is subject to a lien Equipment, inventory, accounts receivable Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) 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	\$3,352,000.00	\$2,191,314.28

2.2	Supervalu Creditor's Name 11840 Valley View Rd Eden Prairie, MN 55344 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien inventory Describe the lien Inventory Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition filing date, the claim is: Check all that apply	\$2,168,333.33	\$863,741.53
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Debtor **Borowiak IGA Foodliner, Inc**

Case number (if know)

Name

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

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$5,520,333.3
3**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

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

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

Name and address

On which line in Part 1 did
you enter the related creditor?Last 4 digits of
account number for
this entity

Fill in this information to identify the case:Debtor name **Borowiak IGA Foodliner, Inc**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS**

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 Aden M Gill 214 E 10th St Mount Carmel, IL 62863 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46.50 \$46.50
2.2	Priority creditor's name and mailing address Alexis N Piller 330 N 7th Albion, IL 62806 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24.75 \$24.75

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)
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2.3	Priority creditor's name and mailing address Amanda Harrington PO Box 243 Noble, IL 62868	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	\$115.50	\$115.50
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Andrew P Gill 1621 Michael Ave Mount Carmel, IL 62863	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	\$46.50	\$46.50
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Ashlee Stewart 142 W Walnut St Albion, IL 62806	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	\$189.75	\$189.75
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Betty J Elliott 13037 E 700 Rd Mount Carmel, IL 62863	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	\$216.00	\$216.00
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)
2.7	Priority creditor's name and mailing address Bobby G Moore PO Box 71 Albion, IL 62806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$37.13</div> <div style="display: inline-block; width: 45%; text-align: right;">\$37.13</div>
2.8	Priority creditor's name and mailing address Charles L Daniel 1210 Chestnut St Mount Carmel, IL 62863	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$336.00</div> <div style="display: inline-block; width: 45%; text-align: right;">\$336.00</div>
2.9	Priority creditor's name and mailing address Cheryl Perrin 15974 N Harmony Ln Mount Vernon, IL 62864	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$835.20</div> <div style="display: inline-block; width: 45%; text-align: right;">\$835.20</div>
2.10	Priority creditor's name and mailing address Christa Fisher 180 CR 200 E Ellery, IL 62833	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$309.38</div> <div style="display: inline-block; width: 45%; text-align: right;">\$309.38</div>

Debtor	Borowiak IGA Foodliner, Inc <small>Name</small>	Case number (if known)	
2.11	Priority creditor's name and mailing address Christina Wright 180 County Rd 200 E Ellery, IL 62833	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	\$261.94 \$261.94
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.12	Priority creditor's name and mailing address Cierra M Harper 401 Independence West Salem, IL 62476	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	\$195.94 \$195.94
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.13	Priority creditor's name and mailing address Craig Borowiak 675 Co Rd 650E Albion, IL 62806	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	\$800.00 \$800.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.14	Priority creditor's name and mailing address Cynthia Taylor 402 East 6 Apt 5 Mount Carmel, IL 62863	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	\$231.00 \$231.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)	
2.15	Priority creditor's name and mailing address Dawn Michels 21 South 7th St Albion, IL 62806	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	<div style="border-top: 1px solid black; border-bottom: 1px solid black; display: inline-block;">\$99.00</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; display: inline-block; margin-left: 20px;">\$99.00</div>
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.16	Priority creditor's name and mailing address Deana L Smith 400 Shoreway Dr Fairfield, IL 62837	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	<div style="border-top: 1px solid black; border-bottom: 1px solid black; display: inline-block;">\$915.20</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; display: inline-block; margin-left: 20px;">\$915.20</div>
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.17	Priority creditor's name and mailing address Debbie R Isaac 19218 E 1300 Rd Allendale, IL 62410	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	<div style="border-top: 1px solid black; border-bottom: 1px solid black; display: inline-block;">\$276.25</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; display: inline-block; margin-left: 20px;">\$276.25</div>
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.18	Priority creditor's name and mailing address Deborah L Bradham 205 S King St Golden Gate, IL 62843	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	<div style="border-top: 1px solid black; border-bottom: 1px solid black; display: inline-block;">\$183.75</div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; display: inline-block; margin-left: 20px;">\$183.75</div>
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)	
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2.19	Priority creditor's name and mailing address Diana Wade 1614 Shady Dr Apt 5 Carterville, IL 62918	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$327.75	\$327.75
	Date or dates debt was incurred	Basis for the claim: Wages		
	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) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.20	Priority creditor's name and mailing address Diego Borowiak 235 W Elm St Albion, IL 62806	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	\$139.50	\$139.50
	Date or dates debt was incurred	Basis for the claim: Wages		
	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) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.21	Priority creditor's name and mailing address Donna Martin 117 Co Rd 1300N Albion, IL 62806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$73.63	\$73.63
	Date or dates debt was incurred	Basis for the claim: Wages		
	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) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.22	Priority creditor's name and mailing address Dylan J Hodge 716 N 8th St Herrin, IL 62948	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	\$93.00	\$93.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	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) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)	
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2.23	Priority creditor's name and mailing address Elliott W Laws 10281 N 1500 Rd Mount Carmel, IL 62863	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	\$57.75	\$57.75
	Date or dates debt was incurred	Basis for the claim: Wages		
	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) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Elnora Long 2203 Michelle Dr Marion, IL 62959	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	\$259.00	\$259.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	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) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Emily Jones 318 N Union St West Salem, IL 62476	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	\$127.88	\$127.88
	Date or dates debt was incurred	Basis for the claim: Wages		
	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) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Grace E Sebaugh 615 W Grand Carterville, IL 62918	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	\$77.50	\$77.50
	Date or dates debt was incurred	Basis for the claim: Wages		
	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) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Borowiak IGA Foodliner, Inc <small>Name</small>	Case number (if known)
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2.27	Priority creditor's name and mailing address Gregory D Keel 409 S Division St Carterville, IL 62918	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	\$74.00	\$74.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.28	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 checked="" type="checkbox"/> Disputed	Unknown	\$0.00
	Date or dates debt was incurred	Basis for the claim: Taxes		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.29	Priority creditor's name and mailing address Jamey L Burton 25 E Walnut Albion, IL 62806	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	\$319.38	\$319.38
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.30	Priority creditor's name and mailing address Jennifer L Norris 275 Foxrun Rd Goreville, IL 62939	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	\$222.00	\$222.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)
2.31	Priority creditor's name and mailing address Jerry L Hays 68 Bush Ln Carbondale, IL 62902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$633.75</div> <div style="display: inline-block; width: 45%; text-align: right;">\$633.75</div>
2.32	Priority creditor's name and mailing address John Roberts 133 E Vine St Grayville, IL 62844	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$385.88</div> <div style="display: inline-block; width: 45%; text-align: right;">\$385.88</div>
2.33	Priority creditor's name and mailing address Joshua L Wagner 914 West Fourth St Mount Carmel, IL 62863	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$630.00</div> <div style="display: inline-block; width: 45%; text-align: right;">\$630.00</div>
2.34	Priority creditor's name and mailing address Justin Harms 106 S Drive Mount Carmel, IL 62863	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$264.00</div> <div style="display: inline-block; width: 45%; text-align: right;">\$264.00</div>

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)		
2.35	Priority creditor's name and mailing address Justin R Hall 205 Virginia Ave Carterville, IL 62918	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	\$117.56	\$117.56
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.36	Priority creditor's name and mailing address Karen Cline 127 W Elm apt B Albion, IL 62806	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	\$66.00	\$66.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.37	Priority creditor's name and mailing address Kari L Rogers 11118 Rt 37 N Marion, IL 62959	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	\$435.00	\$435.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.38	Priority creditor's name and mailing address Karla J Ridgley 2280 IL Hwy 15E Fairfield, IL 62837	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	\$516.00	\$516.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)		
2.39	Priority creditor's name and mailing address Katie Askren 13975 Ee 850 Rd Mount Carmel, IL 62863	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	\$108.50	\$108.50
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.40	Priority creditor's name and mailing address Kelly Hannah 814 W 9thh St Mount Carmel, IL 62863	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	\$239.25	\$239.25
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.41	Priority creditor's name and mailing address Kerington R Long 11295 Alta Dr Carterville, IL 62918	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	\$112.00	\$112.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.42	Priority creditor's name and mailing address Kimberly A Barnhart 209 E Poplar St Albion, IL 62806	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	\$482.50	\$482.50
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)
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2.43	Priority creditor's name and mailing address Kurtis T Seed 71 Bush Ln Carbondale, IL 62901	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	\$420.75	\$420.75
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.44	Priority creditor's name and mailing address Kyler Gammon 228 Kieffer Ave Mount Carmel, IL 62863	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	\$31.00	\$31.00
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.45	Priority creditor's name and mailing address LaDonna M Crouch 140 E Main St Albion, IL 62806	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	\$207.00	\$207.00
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.46	Priority creditor's name and mailing address Mary E Priddy 301 N Main Royalton, IL 62983	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	\$513.44	\$513.44
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)
2.47	Priority creditor's name and mailing address Mary K Kline 829 Co Hwy 21 Fairfield, IL 62837	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between; width: 100%;"> \$148.75 \$148.75 </div>
2.48	Priority creditor's name and mailing address Mary S Wood 1025 Poplar Ct Mount Carmel, IL 62863	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between; width: 100%;"> \$68.00 \$68.00 </div>
2.49	Priority creditor's name and mailing address McKenzye A Earnest 123 Norman Dr Mount Carmel, IL 62863	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between; width: 100%;"> \$41.25 \$41.25 </div>
2.50	Priority creditor's name and mailing address Melissa A Sweat 228 Locust St Albion, IL 62806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: flex; justify-content: space-between; width: 100%;"> \$285.75 \$285.75 </div>

Debtor	Borowiak IGA Foodliner, Inc	Case number (if known)		
	Name			

2.51	Priority creditor's name and mailing address Melissa D Deisher 5170 N 1220 Blvd Mount Carmel, IL 62863	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	\$400.00	\$400.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.52	Priority creditor's name and mailing address Micah B Henson 384 N 3rd St Albion, IL 62806	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	\$81.38	\$81.38
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.53	Priority creditor's name and mailing address Michael L Doan 330 W 10th St Apt 710 Mount Carmel, IL 62863	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	\$144.00	\$144.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.54	Priority creditor's name and mailing address Michelle L Piller 330 N 7th Albion, IL 62806	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	\$72.00	\$72.00
	Date or dates debt was incurred	Basis for the claim: Wages		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Borowiak IGA Foodliner, Inc <small>Name</small>	Case number (if known)
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2.55	Priority creditor's name and mailing address Mike C Broedel 926 Poplar St Mount Carmel, IL 62863	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	\$393.75	\$393.75
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.56	Priority creditor's name and mailing address Millie L Seyfert 909 Tippit St Carterville, IL 62918	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	\$142.38	\$142.38
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.57	Priority creditor's name and mailing address Patrick N Murphy 603 Taylor St Grayville, IL 62844	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	\$268.25	\$268.25
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.58	Priority creditor's name and mailing address Paul I Sheffer 125 George St Anna, IL 62906	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	\$274.31	\$274.31
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)
2.59	Priority creditor's name and mailing address Quincie Borowiak 235 W Elm St Albion, IL 62806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$73.63</div> <div style="display: inline-block; width: 45%; text-align: right;">\$73.63</div>
2.60	Priority creditor's name and mailing address Randel K Bachelor 9219 E 100th Ave Flat Rock, IL 62427	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$603.00</div> <div style="display: inline-block; width: 45%; text-align: right;">\$603.00</div>
2.61	Priority creditor's name and mailing address Raymond B Higginson 6422 Hwy 1 Mount Carmel, IL 62863	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$360.00</div> <div style="display: inline-block; width: 45%; text-align: right;">\$360.00</div>
2.62	Priority creditor's name and mailing address Rebecca J Harris 2808 Co Rd 525 N Ellery, IL 62833	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$168.44</div> <div style="display: inline-block; width: 45%; text-align: right;">\$168.44</div>

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)		
2.63	Priority creditor's name and mailing address Reva A Rice 203 N Charles West Salem, IL 62476	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	\$255.94	\$255.94
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.64	Priority creditor's name and mailing address Robin L Girtman 6094 Wards Mill Marion, IL 62959	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$63.00	\$63.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.65	Priority creditor's name and mailing address Sally R Dunham 112 N Otis Marion, IL 62959	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	\$173.25	\$173.25
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.66	Priority creditor's name and mailing address Sarah R Sparks 311 Seminary St West Salem, IL 62476	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	\$400.00	\$400.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)
2.67	Priority creditor's name and mailing address Simon E Berberich 204 Patrick Pl Mount Carmel, IL 62863	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$41.25</div> <div style="display: inline-block; width: 45%; text-align: right;">\$41.25</div>
2.68	Priority creditor's name and mailing address Steve Martin 160 S 2nd St Albion, IL 62806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$456.50</div> <div style="display: inline-block; width: 45%; text-align: right;">\$456.50</div>
2.69	Priority creditor's name and mailing address Susan J Moore PO Box 181 Carterville, IL 62918	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$234.00</div> <div style="display: inline-block; width: 45%; text-align: right;">\$234.00</div>
2.70	Priority creditor's name and mailing address Tammy K Keepes 13489 E 500 Rd Mount Carmel, IL 62863	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$319.50</div> <div style="display: inline-block; width: 45%; text-align: right;">\$319.50</div>

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known)
2.71	Priority creditor's name and mailing address Taylor LeCrone 715 N Cherry St Mount Carmel, IL 62863	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$146.44</div> <div style="display: inline-block; width: 45%; text-align: right;">\$146.44</div>
2.72	Priority creditor's name and mailing address Tiffany M Emmons 506 Cooper St West Salem, IL 62476	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$313.50</div> <div style="display: inline-block; width: 45%; text-align: right;">\$313.50</div>
2.73	Priority creditor's name and mailing address Trevor Borowiak 232 W Elm St Albion, IL 62806	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$1,500.00</div> <div style="display: inline-block; width: 45%; text-align: right;">\$1,500.00</div>
2.74	Priority creditor's name and mailing address Zakaria R Jackson 103 Lakeshore Dr Carterville, IL 62918	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<div style="display: inline-block; width: 45%; text-align: right;">\$85.25</div> <div style="display: inline-block; width: 45%; text-align: right;">\$85.25</div>

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

Amount of claim

Debtor Borowiak IGA Foodliner, Inc		Case number (if known)
Name		
3.1	Nonpriority creditor's name and mailing address A & D Distributing of Evansville PO Box 8203 Evansville, IN 47716 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> \$928.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address A T and T PO Box 5080 Carol Stream, IL 60197-5080 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> \$618.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address Ace Hardware Corp 2200 Kensington Ct Oak Brook, IL 60523-2103 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> \$29,201.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Produce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Ace Hardware Corp 2200 Kensington Ct Oak Brook, IL 60523-2103 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> \$83,038.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Clawback</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address American Rod & Gun PO Box 2820 Springfield, MO 65801-2820 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> \$233.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address American Welding & Gas PO Box 74008003 Chicago, IL 60674-8003 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> \$422.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address Arab 1066 E Diamond Ave Evansville, IN 47711-3909 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> \$255.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Exterminator</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Borowiak IGA Foodliner, Inc		Case number (if known)
Name		
3.8	Nonpriority creditor's name and mailing address AT&T PO Box 5080 Carol Stream, IL 60197-5080 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> \$618.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address B&G Venegoni 850 West Highway 14 Christopher, IL 62822 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> \$5,917.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address Bahr's Noodles PO Box 305 Georgetown, IL 61846 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> \$1,123.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address Basic Vitamins PO Box 412 Vandalia, OH 45377-0412 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> \$1,341.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address Battery Specialists 1018 S 10th St Mount Vernon, IL 62864 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> \$672.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Behrmann 303 E State Rte 161 Albers, IL 62215 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> \$4,650.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Bert R Hybels Inc 3322 Grand Prairie Kalamazoo, MI 49006 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> \$5,172.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known) _____
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3.15	Nonpriority creditor's name and mailing address Bimbo Foods, Inc PO Box 827810 Philadelphia, PA 19182-7810 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> \$2,077.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address Blue Cross Blue Shield PO Box 3235 Naperville, IL 60566 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> \$2,490.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Health insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address Blue Rhino PO Box 281956 Atlanta, GA 30384-1956 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> \$2,970.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address Bollinger Poultry Company PO Box A Highway 72 East Patton, MO 63662 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> \$5,153.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address Branded Apparel PO Box 10556 Cedar Rapids, IA 52410-0556 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> \$1,047.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address Breakthru Beverage Illinois PO Box 463 Belleville, IL 62222 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> \$382.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address Brents Lock and Key 790 Jefferson St Carlyle, IL 62231 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> \$795.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Borowiak IGA Foodliner, Inc**
Name

Case number (if known)

3.22	Nonpriority creditor's name and mailing address Buffalo Bob's Bobs Greg Tibbs 7568 Rt 166 Creal Springs, IL 62922 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,303.85
3.23	Nonpriority creditor's name and mailing address Burdzinski & Partners 2393 Hickory Bark Dr Dayton, OH 45458 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,500.00
3.24	Nonpriority creditor's name and mailing address Campbell Fire & Safety PO Box 655 Mount Vernon, IL 62864 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,575.63
3.25	Nonpriority creditor's name and mailing address Carmi Times PO Box 190 Carmi, IL 62821-0190 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.35
3.26	Nonpriority creditor's name and mailing address Central Cigars - Candy Co PO Box 420 Lawrenceville, IL 62439 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,174.70
3.27	Nonpriority creditor's name and mailing address City of Centralia PO Box 569 Centralia, IL 62801 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$441.98
3.28	Nonpriority creditor's name and mailing address City of Grayville 122 South Court St Grayville, IL 62844 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>Water</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,781.66

Debtor	Borowiak IGA Foodliner, Inc <small>Name</small>	Case number (if known) _____
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3.29	Nonpriority creditor's name and mailing address City of Lawrenceville PO Box 557 Lawrenceville, IL 62439 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> \$63.82 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address City of Marion 1102 Tower Square Plaza Marion, IL 62959 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> \$65.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address City of Mt Vernon PO Box 1708 Mount Vernon, IL 62864 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> \$316.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address Clean PO Box 840140 Kansas City, MO 64184-0140 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> \$7,545.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address Clean Fuels National 4620 E 900S Keystone, IN 46759 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> \$4,591.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address Coca Cola Bottling Co Consolidated PO Box 602937 Charlotte, NC 28260-2937 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> \$69,373.79 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address Designer Greetings PO Box 1477 Edison, NJ 08818-1477 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> \$11,137.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Borowiak IGA Foodliner, Inc**
Name

Case number (if known)

3.36 Nonpriority creditor's name and mailing address

Devils Breath Chile Co
12266 Songbird Rd
Marion, IL 62959

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$126.00**

3.37 Nonpriority creditor's name and mailing address

Dippin Dots
PO Box 480
Metropolis, IL 62960

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$652.08**

3.38 Nonpriority creditor's name and mailing address

Direct Energy Business
PO Box 70220
Philadelphia, PA 19176-0220

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: UtilitiesIs the claim subject to offset? ☒ No ☐ Yes**\$87,463.49**

3.39 Nonpriority creditor's name and mailing address

Discount Paper Products
46570 Humboldt Dr
Novi, MI 48377-2434

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: SuppliesIs the claim subject to offset? ☒ No ☐ Yes**\$1,427.29**

3.40 Nonpriority creditor's name and mailing address

Dixie Cream Donuts
510 West Main
West Frankfort, IL 62896

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$46,614.70**

3.41 Nonpriority creditor's name and mailing address

Donnewald Distributing
2100 Samuel W Andrews Dr
Greenville, IL 62246

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$5,796.94**

3.42 Nonpriority creditor's name and mailing address

Earthgrains Baking Co Inc
PO Box 842437
Boston, MA 02284-2437

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$12,132.51**

Debtor **Borowiak IGA Foodliner, Inc**
Name

Case number (if known)

3.43 Nonpriority creditor's name and mailing address

Edward Borowiak
13 N 5th St
Albion, IL 62806-1021

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: Unsecured loanIs the claim subject to offset? ☒ No ☐ Yes**\$300,000.00**

3.44 Nonpriority creditor's name and mailing address

Electronic Architechs Inc
16147 N Illinois Hwy 37
Mount Vernon, IL 62864

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: ServicesIs the claim subject to offset? ☒ No ☐ Yes**\$608.55**

3.45 Nonpriority creditor's name and mailing address

Elko's Sales Inc
204 S Mcdyby Ave
Buckner, IL 62819-9730

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$5,172.25**

3.46 Nonpriority creditor's name and mailing address

Excel Bottling Co Inc
488 South Broadway
Breese, IL 62230

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$1,389.21**

3.47 Nonpriority creditor's name and mailing address

Flowers Baking Co of Batesvil
PO Box 847871
Dallas, TX 75284

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$22,124.21**

3.48 Nonpriority creditor's name and mailing address

Frey Produce
111 Ci Hwy 15#A
Keenes, IL 62851

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$10,827.25**

3.49 Nonpriority creditor's name and mailing address

Frito-Lay
75 Remittance Drive Ste 1217
Chicago, IL 60675-1217

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$30,537.94**

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known) _____
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3.50	Nonpriority creditor's name and mailing address Good L Corp PO Box 337 La Vergne, TN 37086 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$379.97
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3.51	Nonpriority creditor's name and mailing address Gordon Food Service Inc Payment Processing Center Palatine, IL 60055-0490 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,616.41
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3.52	Nonpriority creditor's name and mailing address Hartford Financial Services PO Box 415738 Boston, MA 02241-5738 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>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
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3.53	Nonpriority creditor's name and mailing address Heartland Coca Cola Bottling Co PO Box 74008600 Chicago, IL 60674-8600 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,805.21
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3.54	Nonpriority creditor's name and mailing address Heritage Petroleum LLC PO Box 6850 Evansville, IN 47719 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,057.04
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3.55	Nonpriority creditor's name and mailing address Hobart Sales & Service 711 Good Hope St Cape Girardeau, MO 63703-6250 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$632.65
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3.56	Nonpriority creditor's name and mailing address Home City Ice Company PO Box 111116 Cincinnati, OH 45211 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,856.71
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Debtor **Borowiak IGA Foodliner, Inc**
Name

Case number (if known)

3.57	Nonpriority creditor's name and mailing address Houseworth Electrical Contract PO Box 1551 Mount Vernon, IL 62864 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$601.00
3.58	Nonpriority creditor's name and mailing address IL Environmental Protection Agency Fiscal Services #2 Springfield, IL 62794 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>Fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$235.00
3.59	Nonpriority creditor's name and mailing address Illinois Gas Company 1927 Miller Dr Olney, IL 62450 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.49
3.60	Nonpriority creditor's name and mailing address Indoff Incorporated PO Box 842808 Kansas City, MO 64184-2808 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	\$917.85
3.61	Nonpriority creditor's name and mailing address Jarvis Food Equipment 2195 Commercial Ct Evansville, IN 47720 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$810.83
3.62	Nonpriority creditor's name and mailing address JD Mullen Co 211-215 S Main St Palestine, IL 62451 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261.60
3.63	Nonpriority creditor's name and mailing address Jeff Guisewite Inc 16153 E 1100 Rd Mount Carmel, IL 62863 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$840.00

Debtor	Borowiak IGA Foodliner, Inc		Case number (if known)
	Name		
3.64	Nonpriority creditor's name and mailing address Jefferson County Collector 100 S 10th St Rm 100 Mount Vernon, IL 62864 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,306.08
3.65	Nonpriority creditor's name and mailing address Jimmy the Plumber 16309 N Mccauley Ln Mount Vernon, IL 62864 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,660.00
3.66	Nonpriority creditor's name and mailing address John and Barbara Mckim PO Box 308 Lawrenceville, IL 62439-0308 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>Lawrenceville lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.67	Nonpriority creditor's name and mailing address Joy Lane Produce LLLC 2129 Illinois Route 130 West Salem, IL 62476 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$252.00
3.68	Nonpriority creditor's name and mailing address K&A Distribution Inc PO Box 40 Litchfield, IL 62056 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,444.76
3.69	Nonpriority creditor's name and mailing address Kasco Atlanta Sharp Tech PO Box 202368 Dallas, TX 75320-2368 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,359.29
3.70	Nonpriority creditor's name and mailing address Kim's Ice Cream LLC PO Box 382 Sandoval, IL 62882 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$576.00

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known) _____
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3.71	Nonpriority creditor's name and mailing address Knapp Propane PO Box 595 Mount Vernon, IL 62864 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> \$220.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.72	Nonpriority creditor's name and mailing address Koerner Distributor Inc PO Box 67 Effingham, IL 62401 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> \$1,921.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.73	Nonpriority creditor's name and mailing address Koerner Distributor Inc PO Box 67 Effingham, IL 62401 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> \$1,370.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Liquor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address L and K Fire Protection PO Box 187 Marion, IL 62959 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> \$175.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.75	Nonpriority creditor's name and mailing address Lawrenceville Daily Record PO Box 639 Robinson, IL 62454 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> \$868.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address Lee Enterprises PO Box 742548 Cincinnati, OH 45274-2548 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> \$6,601.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address Lewis Bros Bakeries Inc 1957 Momentum Place Chicago, IL 60689-5319 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> \$15,767.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known) _____
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3.78	Nonpriority creditor's name and mailing address Mack's Auto Sales Inc 1172 Catman Court Marion, IL 62959 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>Marion lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,500.00
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3.79	Nonpriority creditor's name and mailing address Marion County Collector PO Box 907 Salem, IL 62881-0907 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,212.98
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3.80	Nonpriority creditor's name and mailing address Marion Daily Republican PO Box 184 Du Quoin, IL 62832 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>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127.80
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3.81	Nonpriority creditor's name and mailing address Mark Sheets 1509 Dodds St Mount Vernon, IL 62864 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.16
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3.82	Nonpriority creditor's name and mailing address Markel PO Box 650028 Dallas, TX 75265-0028 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>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,837.00
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3.83	Nonpriority creditor's name and mailing address McKee Foods Corporation PO Box 2118 Collegedale, TN 37315-2118 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,482.81
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3.84	Nonpriority creditor's name and mailing address Mettler Toledo 22670 Network PI Chicago, IL 60673-1226 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,205.03
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Name

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3.85	Nonpriority creditor's name and mailing address Miller's Country Crafts Inc 150 Millers Country Lane Ava, IL 62907 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,545.44
3.86	Nonpriority creditor's name and mailing address Mingo River Dist LLC PO Box 480 Puxico, MO 63960 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$461.74
3.87	Nonpriority creditor's name and mailing address Moran Foods LLC 400 Northwest Plaza Dr Saint Ann, MO 63074 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 checked="" type="checkbox"/> Disputed Basis for the claim: <u>Clawback Sav-a-Lot</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257,788.71
3.88	Nonpriority creditor's name and mailing address Morgan Distributing 4437 Martha Court Newburgh, IN 47630 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$940.60
3.89	Nonpriority creditor's name and mailing address Mt Carmel Public Utility PO Box 220 Mount Carmel, IL 62863 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,821.36
3.90	Nonpriority creditor's name and mailing address Mt Carmel Register PO Box 1350 Paducah, KY 42002 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>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,427.31
3.91	Nonpriority creditor's name and mailing address Navigator PO Box 10 Albion, IL 62806-0010 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,261.97

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3.92	Nonpriority creditor's name and mailing address NCR 14181 Collections Center Dr Chicago, IL 60693 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$409.00
3.93	Nonpriority creditor's name and mailing address Neumayer Equipment Co Inc PO Box 419161 Saint Louis, MO 63141 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,119.22
3.94	Nonpriority creditor's name and mailing address Nutmeg Spice Company 7 Bombard Court Terryville, CT 06786 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$669.70
3.95	Nonpriority creditor's name and mailing address Orkin 1903 Princeton Ave Marion, IL 62959 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$512.60
3.96	Nonpriority creditor's name and mailing address PBC PO Box 75948 Chicago, IL 60675-5948 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,929.11
3.97	Nonpriority creditor's name and mailing address Pepsi Midamerica PO Box 1070 Marion, IL 62959 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,655.02
3.98	Nonpriority creditor's name and mailing address POS Plus LLC PO Box 1907 Marion, IL 62959 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,565.60

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3.99	Nonpriority creditor's name and mailing address Power Distributing 24537 Network PI Chicago, IL 60673-1245 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$776.00
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3.100	Nonpriority creditor's name and mailing address Prairie Farms Dairy Olney 217 W Main Olney, IL 62450 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,214.71
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3.101	Nonpriority creditor's name and mailing address Primo Water Corporation PO Box 100125 Columbia, SC 29202-3125 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,921.01
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3.102	Nonpriority creditor's name and mailing address Princeton Daily Clarion PO Box 1360 Paducah, KY 42002 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$383.01
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3.103	Nonpriority creditor's name and mailing address Rafferty Lawn Care 207 W 9th St Mount Carmel, IL 62863 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$930.00
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3.104	Nonpriority creditor's name and mailing address Record Indiana Inc PO Box 57158 Pleasant Hill, IA 50327 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,082.52
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3.105	Nonpriority creditor's name and mailing address Republic Service 694 PO Box 9001099 Louisville, KY 40290-1099 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,583.32
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3.106	Nonpriority creditor's name and mailing address Republic Service 732 PO Box 9001099 Louisville, KY 40290-1099 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,607.04
3.107	Nonpriority creditor's name and mailing address Retail Data Systems 16 Sunnen Dr Ste 162 Maplewood, MO 63143 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.108	Nonpriority creditor's name and mailing address Retail Merchants Committee % Wabash County COC 219 N Market St Ste 1A Mount Carmel, IL 62863 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.109	Nonpriority creditor's name and mailing address Rice Enterprises 3906 Robin Dr Mount Vernon, IL 62864 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.00
3.110	Nonpriority creditor's name and mailing address Rug Doctor PO Box 733979 Dallas, TX 75373-3979 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,282.49
3.111	Nonpriority creditor's name and mailing address S K Smith Electric PO Box 846 Mount Carmel, IL 62863 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: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.63
3.112	Nonpriority creditor's name and mailing address S-L Distribution Company Inc PO Box 412032 Boston, MA 02241-2032 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$256.16

Debtor **Borowiak IGA Foodliner, Inc**
Name

Case number (if known)

3.113 Nonpriority creditor's name and mailing address

Santana Energy Services
26697 Network Pl
Chicago, IL 60673-1266

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: ServicesIs the claim subject to offset? ☒ No ☐ Yes**\$581.09**

3.114 Nonpriority creditor's name and mailing address

Schmidt Equipment & Supply
411 Eichelberger St
Saint Louis, MO 63111

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: ServicesIs the claim subject to offset? ☒ No ☐ Yes**\$2,173.87**

3.115 Nonpriority creditor's name and mailing address

Sharp & Williams
202 West Ninth St
Mount Carmel, IL 62863

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: ServicesIs the claim subject to offset? ☒ No ☐ Yes**\$586.66**

3.116 Nonpriority creditor's name and mailing address

Sharp Systems Inc
PO Box 99
Rehoboth Beach, DE 19971

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: ServicesIs the claim subject to offset? ☒ No ☐ Yes**\$189.92**

3.117 Nonpriority creditor's name and mailing address

Sherwood Food Distributors
12499 Evergreen Rd
Detroit, MI 48228-1059

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$3,103.03**

3.118 Nonpriority creditor's name and mailing address

Southern Glazer's of IL
2971 Collection Center Dr
Chicago, IL 60693

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$454.84**

3.119 Nonpriority creditor's name and mailing address

Southern Illinois Beverage
887 N Washington St
Nashville, IL 62263-0261

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: ProductIs the claim subject to offset? ☒ No ☐ Yes**\$11,432.95**

Debtor	Borowiak IGA Foodliner, Inc		Case number (if known)
	Name		
3.120	Nonpriority creditor's name and mailing address Southern Illinoisan 710 N Illinois Ave Carbondale, IL 62901 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>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,803.62
3.121	Nonpriority creditor's name and mailing address St Louis Post Dispatch Payment Department Saint Louis, MO 63101 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,016.30
3.122	Nonpriority creditor's name and mailing address Stanley Access Tech LLC PO Box 0371595 Pittsburgh, PA 15251 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$819.80
3.123	Nonpriority creditor's name and mailing address Staples Advantage Dept Det Chicago, IL 60696-3589 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	\$1,814.13
3.124	Nonpriority creditor's name and mailing address Superior Foods 4243 Broadmoor Ave SE Kentwood, MI 49512 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,151.87
3.125	Nonpriority creditor's name and mailing address Swinford Publications PO Box 10 Marion, IL 62959 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>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$134.00
3.126	Nonpriority creditor's name and mailing address T Ham Sign PO Box 155 Mount Vernon, IL 62864 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,325.31

Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known) _____
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3.127	Nonpriority creditor's name and mailing address Terminix International PO Box 742592 Cincinnati, OH 45274-2592 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$882.00
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3.128	Nonpriority creditor's name and mailing address The Carmi Chronicle PO Box 10 Albion, IL 62806 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>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$564.60
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3.129	Nonpriority creditor's name and mailing address The Hartford PO Box 660916 Dallas, TX 75266-0916 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>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,156.17
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3.130	Nonpriority creditor's name and mailing address The Original Company PO Box 242 Vincennes, IN 47591-0242 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>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,650.00
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3.131	Nonpriority creditor's name and mailing address The Sentinel Attn Circulation Centralia, IL 62801 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>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,583.47
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3.132	Nonpriority creditor's name and mailing address The Shopper's Weekly PO Box 1223 Centralia, IL 62801 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>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,928.57
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3.133	Nonpriority creditor's name and mailing address Town Square Publications 155 E Algonquin Rd Arlington Heights, IL 60005 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>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375.00
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Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known) _____
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3.134	Nonpriority creditor's name and mailing address Tracy Electric 1308 Jefferson Lawrenceville, IL 62439 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,705.98
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3.135	Nonpriority creditor's name and mailing address Trader Circulation PO Box 617 West Frankfort, IL 62896 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.80
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3.136	Nonpriority creditor's name and mailing address Trevor Borowiak 235 W Elm St Albion, IL 62806 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>Personal loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$892,000.00
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3.137	Nonpriority creditor's name and mailing address Tri Kote PO Box 661 Mount Carmel, IL 62863 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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
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3.138	Nonpriority creditor's name and mailing address Triad Industrial Supply PO Box 5388 Springfield, IL 62705 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,245.84
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3.139	Nonpriority creditor's name and mailing address Troyer Foods Inc PO Box 1938 Bloomington, IN 47402-1938 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$623,482.38
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3.140	Nonpriority creditor's name and mailing address Troyer Heating and Air Inc 276 Co Rd 1850N West Salem, IL 62476 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,130.05
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Debtor	Borowiak IGA Foodliner, Inc Name	Case number (if known) _____
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3.141	Nonpriority creditor's name and mailing address Tucker Auto-Mation 6131 Wedeking Ave Bldg G Ste Evansville, IN 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> \$330.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address U S Department of Labor OSHA 11 Executive Dr Ste 11 Fairview Heights, IL 62208 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> \$12,740.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Fines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.143	Nonpriority creditor's name and mailing address Uncle Joe's Sauces 17327 Tick Ridge Rd Ewing, IL 62836 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> \$503.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144	Nonpriority creditor's name and mailing address UNFI Supervalu PO Box 9008 Champaign, IL 61826 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> \$124,744.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145	Nonpriority creditor's name and mailing address United Food & Commercial Workers PO Box 6000 Frankfort, IL 60423-6000 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> \$201,591.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Union claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------	--	---

3.146	Nonpriority creditor's name and mailing address USA Today PO Box 677446 Dallas, TX 75267-7446 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> \$4,032.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.147	Nonpriority creditor's name and mailing address UTZ Quality Foods Inc 900 High St Hanover, PA 17331 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> \$21,339.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Borowiak IGA Foodliner, Inc <small>Name</small>	Case number (if known) _____
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3.148	Nonpriority creditor's name and mailing address Wenneman Market Wholesale PO Box 341 Saint Libory, IL 62282 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,914.64
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3.149	Nonpriority creditor's name and mailing address White Sanitation 21529 Double Arch Rd Staunton, IL 62088 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>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
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3.150	Nonpriority creditor's name and mailing address Williams Country Sausage 4009 Greenfield Rd Union City, TN 38261 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,428.10
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3.151	Nonpriority creditor's name and mailing address Wilsons BBQ 11120 Broadway Ave Evansville, IN 47712 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$372.00
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3.152	Nonpriority creditor's name and mailing address Wilsons General Store 11120 Broadway Ave Evansville, IN 47712 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>Product</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$264.00
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3.153	Nonpriority creditor's name and mailing address WMIX PO Box 1508 Mount Vernon, IL 62864 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>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
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3.154	Nonpriority creditor's name and mailing address WSJD-FM 331 N Market St Mount Carmel, IL 62863 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>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,400.00
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Debtor **Borowiak IGA Foodliner, Inc**
Name

Case number (if known)

3.155 Nonpriority creditor's name and mailing address

Yukon Refrigeration
9324 E IL Hwy 15
Mount Vernon, IL 62864

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$17,363.29**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Services**Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

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

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

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Alicia M Granito 10135 Illinois Route 16 Hillsboro, IL 62049	Line 3.68 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Jacobs Burns Orlove and Hernandez 150 N Michigan Ave Ste 1000 Chicago, IL 60601	Line 3.145 <input type="checkbox"/> Not listed. Explain _____	—
4.3	Slevin and Hart PC 1625 Massachusetts Ave NW Ste 450 Washington, DC 20036	Line 3.145 <input type="checkbox"/> Not listed. Explain _____	—
4.4	Spencer W Tanner PO Box 1507 Evansville, IN 47706	Line 3.54 <input type="checkbox"/> Not listed. Explain _____	—
4.5	UNFI Supervalu 2611 N Lincoln Ave Urbana, IL 61801	Line 3.144 <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.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **19,567.33**5b. + \$ **3,557,976.59**5c. \$ **3,577,543.92**

Fill in this information to identify the case:Debtor name **Borowiak IGA Foodliner, Inc**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS**

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* (Official Form 206A/B).*Property***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 **Membership agreement
Reject**

State the term remaining

List the contract number of any government contract _____

**Ace Hardware Corp
2200 Kensington Ct
Oak Brook, IL 60523-2103**2.2. State what the contract or lease is for and the nature of the debtor's interest **3 seperate broker
listing agreements to
sell grocery stores in
Albion, Mt. Carmel and
Carterville, IL
April 30, 2020**

State the term remaining

List the contract number of any government contract _____

**American Business Brokers
120 E Section Ave
Effingham, IL 62401**2.3. State what the contract or lease is for and the nature of the debtor's interest **Mt. Vernon store
\$14,000.00 per month
Reject**

State the term remaining

List the contract number of any government contract _____

**Borowiak Enterprises LLC
13 N 5th St
Albion, IL 62806**2.4. State what the contract or lease is for and the nature of the debtor's interest **Centralia store
\$7,250.00 per month
Reject**

State the term remaining

List the contract number of any government contract _____

**Borowiak Enterprises LLC
13 N 5th St
Albion, IL 62806**

Debtor 1 **Borowiak IGA Foodliner, Inc**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**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

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **Mt. Carmel store
\$2,500.00 per month**

State the term remaining

List the contract number of any government contract

**Borowiak Enterprises LLC
13 N 5th St
Albion, IL 62806**

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **Carterville store
\$1,000.00 per month**

State the term remaining

List the contract number of any government contract

**Borowiak Enterprises LLC
13 N 5th St
Albion, IL 62806**

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **Albion store
\$3,000.00 per month**

State the term remaining

List the contract number of any government contract

**Edward Borowiak
13 E Main St
Albion, IL 62806**

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **Marion store lease
store now closed
Reject**

State the term remaining

List the contract number of any government contract

**Mack's Auto Sales Inc
1172 Catman Court
Marion, IL 62959**

- 2.9. State what the contract or lease is for and the nature of the debtor's interest **supply agreement**

State the term remaining

List the contract number of any government contract

March 2029
**Super Value
11840 Valley View Rd
Eden Prairie, MN 55344**

Fill in this information to identify the case:Debtor name **Borowiak IGA Foodliner, Inc**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS**

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	Jacqueline Borowiak	235 W Wlm St Albion, IL 62806	Citizens National of Albion	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.2	Jacqueline Borowiak	235 W Wlm St Albion, IL 62806	Moran Foods LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.87</u> <input type="checkbox"/> G _____
<hr/>				
2.3	Trevor Borowiak	235 W Elm St Albion, IL 62806	Citizens National of Albion	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.4	Trevor Borowiak	235 W Elm St Albion, IL 62806	Heritage Petroleum LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.54</u> <input type="checkbox"/> G _____
<hr/>				
2.5	Trevor Borowiak	235 W Elm St Albion, IL 62806	Moran Foods LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.87</u> <input type="checkbox"/> G _____

Fill in this information to identify the case:Debtor name **Borowiak IGA Foodliner, Inc**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/19**

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****From the beginning of the fiscal year to filing date:**From **1/01/2019** to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)**\$14,722,553.81****For prior year:**From **1/01/2018** to **12/31/2018**☒ Operating a business☐ Other _____**\$29,536,016.97****For year before that:**From **1/01/2017** to **12/31/2017**☒ Operating a business☐ Other _____**\$52,165,631.00****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 \$6,825. (This amount may be adjusted on 4/01/22 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 **Borowiak IGA Foodliner, 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. Pepsi Midamerica PO Box 1070 Marion, IL 62959	June 7, 2019	\$10,445.57	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Coca Cola Bottling Co Consolidated PO Box 602937 Charlotte, NC 28260-2937	June 14, 2019	\$17,662.58	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. Direct Energy Business PO Box 70220 Philadelphia, PA 19176-0220	June 14, 2019	\$14,258.00	<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>Utilities</u>
3.4. Frito-Lay 75 Remittance Drive Ste 1217 Chicago, IL 60675-1217	June 14, 2019	\$24,502.46	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. Heartland Coca Cola Bottling Co PO Box 74008600 Chicago, IL 60674-8600	June 14, 2019	\$28,787.64	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.6. Markel PO Box 650028 Dallas, TX 75265-0028	June 14, 2019	\$8,446.00	<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>Insurance</u>
3.7. John and Barbara Mckim PO Box 308 Lawrenceville, IL 62439-0308	June 18, 2019	\$7,000.00	<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>Rent</u>
3.8. Mt Carmel Public Utility PO Box 220 Mount Carmel, IL 62863	June 23, 2019	\$13,971.00	<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>Utilities</u>

Debtor **Borowiak IGA Foodliner, 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. Pepsi Midamerica PO Box 1070 Marion, IL 62959	June 23, 2019	\$8,229.55	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.10 Williamson County Collector 200 West Jefferson Marion, IL 62959	June 28, 2019	\$8,222.74	<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>Property taxes</u>
3.11 Direct Energy Business PO Box 70220 Philadelphia, PA 19176-0220	June 28, 2019	\$20,547.02	<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 <u>Utilities</u>
3.12 The Hartford PO Box 660916 Dallas, TX 75266-0916	June 28, 2019	\$10,156.17	<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</u>
3.13 Direct Energy Business PO Box 70220 Philadelphia, PA 19176-0220	July 12, 2019	\$19,354.45	<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>
3.14 Frito-Lay 75 Remittance Drive Ste 1217 Chicago, IL 60675-1217	July 12, 2019	\$11,064.02	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.15 Marion County Collector PO Box 907 Salem, IL 62881	July 12, 2019	\$14,212.98	<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>Property taxes</u>
3.16 John and Barbara Mckim PO Box 308 Lawrenceville, IL 62439-0308	July 18, 2019	\$7,000.00	<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>Rent</u>

Debtor **Borowiak IGA Foodliner, 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>
3.17 Coca Cola Bottling Co Consolidated PO Box 602937 Charlotte, NC 28260-2937	July 19, 2019	\$10,996.03	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.18 Heartland Coca Cola Bottling Co PO Box 74008600 Chicago, IL 60674-8600	July 19, 2019	\$16,613.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.19 Mt Carmel Public Utility PO Box 220 Mount Carmel, IL 62863	July 19, 2019	\$15,826.40	<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>
3.20 Direct Energy Business PO Box 70220 Philadelphia, PA 19176-0220	August 2, 2019	\$21,301.59	<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>
3.21 Direct Energy Business PO Box 70220 Philadelphia, PA 19176-0220	August 9, 2019	\$18,122.60	<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>
3.22 Coca Cola Bottling Co Consolidated PO Box 602937 Charlotte, NC 28260-2937	August 16, 2018	\$15,426.23	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____
3.23 John and Barbara Mckim PO Box 308 Lawrenceville, IL 62439-0308	August 18, 2019	\$7,000.00	<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>Rent</u>
3.24 Mt Carmel Public Utility PO Box 220 Mount Carmel, IL 62863	August 23, 2019	\$14,020.10	<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>

Debtor **Borowiak IGA Foodliner, 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>
3.25 Williamson County Collector 200 West Jefferson Marion, IL 62959	August 30, 2019	\$8,222.74	<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 Property taxes
3.26 Direct Energy Business PO Box 70220 Philadelphia, PA 19176-0220	September 6, 2019	\$28,327.66	<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 Utilities
3.27 Borowiak's Enterprises LLC 13 N 5th St Albion, IL 62806	August 18, 2019	\$10,000.00	<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 Rent

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 \$6,825. (This amount may be adjusted on 4/01/22 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. Trevor Borowiak 235 W Elm St Albion, IL 62806	November 5, 2018	\$3,000.00	Repay loan
4.2. Trevor Borowiak 232 W Elm St Albion, IL 62806	November 23, 2018	\$4,000.00	Repay loan
4.3. Trevor Borowiak 232 W Elm St Albion, IL 62806	December 21, 2018	\$4,000.00	Repay loan
4.4. Trevor Borowiak 235 W Elm St Albion, IL 62806	February 19, 2019	\$5,000.00	Repay loan
4.5. Trevor Borowiak 235 W Elm St Albion, IL 62806	March 19, 2019	\$7,000.00	Repay loan
4.6. Trevor Borowiak 235 W Elm St Albion, IL 62806	April 24, 2019	\$2,000.00	Repay loan

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.

Debtor **Borowiak IGA Foodliner, Inc**

Case number (if known)

☒ 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
7.1.	Borowiak's IGA Foodliner, Inc. v Affiliated Foods Midwest Cooperative Inc and Associated Wholesale Grocers 8:16-cv-0466		United States District Court District of Nebraska	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	United Food & Commercial Workers v Borowiak's IGA 19-cv-04916	Collection	United States District Court Northern District of Illinois	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Heritage Petroleum LLC v Borowiak's IGA 82-1908-CC-004559	Collection	State of Indiana County of Vanderburgh	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	K & A Distributing Inc v Borowiak's IGA 2019-LM-46	Collection	Montgomery County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

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

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Debtor **Borowiak IGA Foodliner, Inc**

Case number (if known) _____

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	St Marys Church Mount Vernon, IL 62864	Fundraiser	January 8, 2018	\$5,000.00
	Recipients relationship to debtor None			
9.2.	Hope Center Albion, IL 62806	Help for needy people	January 19, 2019	\$1,000.00
	Recipients relationship to debtor			

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

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Antonik Law Offices 3405 Broadway PO Box 594 Mount Vernon, IL 62864	Attorney fees and filing fee	February 22, 2019	\$15,000.00
	Email or website address			
	Who made the payment, if not debtor?			
11.2.	Antonik Law Offices 3405 Broadway PO Box 594 Mount Vernon, IL 62864	Attorney fees	March 6, 2019	\$15,000.00
	Email or website address			
	Who made the payment, if not debtor?			

Debtor **Borowiak IGA Foodliner, Inc**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.3.	Antonik Law Offices 3405 Broadway PO Box 594 Mount Vernon, IL 62864	Attorney fees	September 5, 2019	\$7,000.00
	Email or website address			
	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
14.1.	Borowiak's IGA 500 S 10th Mount Vernon, IL 62864	
14.2.	Borowiak's IGA 1422 E Mccord Centralia, IL 62801	
14.3.	Borowiak's IGA 1301 State Street Lawrenceville, IL 62439	
14.4.	Borowiak's IGA 915 W Main Marion, IL 62959	
14.5.	Borowiak's IGA 709 N Court St Grayville, IL 62844	

Debtor **Borowiak IGA Foodliner, Inc**

Case number (if known) _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

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

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

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

through Country Companies

Employer identification number of the plan

EIN: _____

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

18.1. **Western Union**

XXXX-

☐ Checking**Summer 2019****\$0.00**☐ Savings☐ Money Market☐ Brokerage☐ Other__**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.

Debtor **Borowiak IGA Foodliner, Inc**

Case number (if known) _____

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
Citizens National of Albion 10 West Elm St Albion, IL 62806	Trevor & Jacqueline Borowiak		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

20. Off-premises storage

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

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

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

☒ None**Part 12: Details About Environment Information**

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

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

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

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

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

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

- ☒ No.
☐ Yes. Provide details below.

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

- ☒ No.
☐ Yes. Provide details below.

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

- ☒ No.
☐ Yes. Provide details below.

Debtor **Borowiak IGA Foodliner, Inc**

Case number (if known) _____

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

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

☒ None

Business name address

Describe the nature of the business

Employer Identification number

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. **Deana Smith**
13 N 5th St
Albion, IL 62806

2003 - present

26a.2. **Mark Franklin**

2014 - present

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

☐ None

Name and address

Date of service
From-To

26b.1. **Mark Franklin**
2800 Campus Dr Ste 44
Plymouth, MN 55441

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. **Trevor Borowiak**
235 W Elm St
Albion, IL 62806

26c.2. **Mark Franklin**

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

26d.1. **Citizens National of Albion**
10 West Elm St
Albion, IL 62806

Debtor **Borowiak IGA Foodliner, Inc**

Case number (if known) _____

Name and address

26d.2. **Banterra Bank**
506 N Victor St
Christopher, IL 62822

26d.3. **Super Value**
11840 Valley View Rd
Eden Prairie, MN 55344

26d.4. **United Food & Commercial Workers**
PO Box 6000
Frankfort, IL 60423-6000

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	Trevor Borowiak	April 28, 2019	\$1,994,600.00

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

Trevor Borowiak
235 W Elm St
Albion, IL 62806

27.2	Trevor Borowiak	September 1, 2019	\$863,741.00
------	------------------------	--------------------------	---------------------

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

Trevor Borowiak
232 W Elm St
Albion, IL 62806

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
Trevor Borowiak	235 W Elm St Albion, IL 62806	Stock president	100

Name	Address	Position and nature of any interest	% of interest, if any
Jacqueline Borowiak	235 W Elm St Albion, IL 62806	Secretary treasurer	

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.

Debtor **Borowiak IGA Foodliner, Inc**

Case number (if known) _____

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
30.1	Trevor Borowiak 235 W Elm St Albion, IL 62806	\$2,500.00	January - June	Weekly salary
	Relationship to debtor Owner			
30.2	Trevor Borowiak 232 W Elm St Albion, IL 62806	\$5,000.00	April 11, 2018	Repay loan
	Relationship to debtor Owner			
30.3	Trevor Borowiak 232 W Elm St Albion, IL 62806	\$7,000.00	August 27, 2018	Repay loan
	Relationship to debtor Owner			
30.4	Trevor Borowiak 232 W Elm St Albion, IL 62806	\$3,000.00	November 5, 2018	Repay loan
	Relationship to debtor Owner			
30.5	Trevor Borowiak 232 W Elm St Albion, IL 62806	\$4,000.00	November 23, 2018	Repay loan
	Relationship to debtor Owner			
30.6	Trevor Borowiak 232 W Elm St Albion, IL 62806	\$4,000.00	December 21, 2018	Repay loan
	Relationship to debtor Owner			
30.7	Trevor Borowiak 232 W Elm St Albion, IL 62806	\$1,500.00	July 2019 - present	Weekly salary
	Relationship to debtor Owner			

Debtor **Borowiak IGA Foodliner, Inc**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.8	Minor Borowiak 235 W Elm St Albion, IL 62806	\$2,139.02	June 21, 2019 - September 13, 2019	Wages
	Relationship to debtor Child			
30.9	Minor Borowiak 235 W Elm St Albion, IL 62806	\$2,683.46	May 24, 2019 - September 13, 2019	Wages
	Relationship to debtor Child			
30.10	Masor Borowiak 235 West Elm St Albion, IL 62806	\$4,692.21	September 14, 2018 - August 16, 2019	Wages
	Relationship to debtor Child			
30.11	Malia Borowiak 235 W Elm St Albion, IL 62806	\$1,320.00	September 14, 2018 - December 21, 2018	Wages
	Relationship to debtor Child			

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

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

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

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Debtor **Borowiak IGA Foodliner, 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 **September 17, 2019**

/s/ Trevor Borowiak

Signature of individual signing on behalf of the debtor

Trevor Borowiak

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

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Southern District of Illinois

In re **Borowiak IGA Foodliner, 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:

For legal services, I have agreed to accept	\$	37,000.00
Prior to the filing of this statement I have received	\$	37,000.00
Balance Due	\$	0.00

2. \$ **1,717.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
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:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]
- Additional services at \$300.00 per hour.**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
Any objection to discharge or adversarial proceedings \$300.00 or amended schedules - court filing fee.
Additional fees as approved by the Court

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.

September 17, 2019

Date

/s/ Douglas A. Antonik**Douglas A. Antonik 06190629**

Signature of Attorney

Antonik Law Offices**Post Office Box 594****Mt. Vernon, IL 62864****618-244-5739 Fax: 618-244-9633****antoniklaw@charter.net**

Name of law firm

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

In re **Borowiak IGA Foodliner, 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
Trevor Borowiak 232 W Elm St Albion, IL 62806		5,000 shares	Common

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 **September 17, 2019**Signature **/s/ Trevor Borowiak
Trevor Borowiak**

*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 Illinois**

In re **Borowiak IGA Foodliner, Inc**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge and that it corresponds to the creditors listed in our schedules.

Date: **September 17, 2019**

/s/ Trevor Borowiak

Trevor Borowiak/President

Signer/Title

A & D Distributing of Evansville
PO Box 8203
Evansville, IN 47716

A T and T
PO Box 5080
Carol Stream, IL 60197-5080

Ace Hardware Corp
2200 Kensington Ct
Oak Brook, IL 60523-2103

Aden M Gill
214 E 10th St
Mount Carmel, IL 62863

Alexis N Piller
330 N 7th
Albion, IL 62806

Alicia M Granito
10135 Illinois Route 16
Hillsboro, IL 62049

Amanda Harrington
PO Box 243
Noble, IL 62868

American Business Brokers
120 E Section Ave
Effingham, IL 62401

American Rod & Gun
PO Box 2820
Springfield, MO 65801-2820

American Welding & Gas
PO Box 74008003
Chicago, IL 60674-8003

Andrew P Gill
1621 Michael Ave
Mount Carmel, IL 62863

Arab
1066 E Diamond Ave
Evansville, IN 47711-3909

Ashlee Stewart
142 W Walnut St
Albion, IL 62806

AT&T
PO Box 5080
Carol Stream, IL 60197-5080

B&G Venegoni
850 West Highway 14
Christopher, IL 62822

Bahr's Noodles
PO Box 305
Georgetown, IL 61846

Basic Vitamins
PO Box 412
Vandalia, OH 45377-0412

Battery Specialists
1018 S 10th St
Mount Vernon, IL 62864

Behrmann
303 E State Rte 161
Albers, IL 62215

Bert R Hybels Inc
3322 Grand Prairie
Kalamazoo, MI 49006

Betty J Elliott
13037 E 700 Rd
Mount Carmel, IL 62863

Bimbo Foods, Inc
PO Box 827810
Philadelphia, PA 19182-7810

Blue Cross Blue Shield
PO Box 3235
Naperville, IL 60566

Blue Rhino
PO Box 281956
Atlanta, GA 30384-1956

Bobby G Moore
PO Box 71
Albion, IL 62806

Bollinger Poultry Company
PO Box A
Highway 72 East
Patton, MO 63662

Borowiak Enterprises LLC
13 N 5th St
Albion, IL 62806

Branded Apparel
PO Box 10556
Cedar Rapids, IA 52410-0556

Breakthru Beverage Illinois
PO Box 463
Belleville, IL 62222

Brents Lock and Key
790 Jefferson St
Carlyle, IL 62231

Buffalo Bob's
Bobs Greg Tibbs
7568 Rt 166
Creal Springs, IL 62922

Burdzinski & Partners
2393 Hickory Bark Dr
Dayton, OH 45458

Campbell Fire & Safety
PO Box 655
Mount Vernon, IL 62864

Carmi Times
PO Box 190
Carmi, IL 62821-0190

Central Cigars - Candy Co
PO Box 420
Lawrenceville, IL 62439

Charles L Daniel
1210 Chestnut St
Mount Carmel, IL 62863

Cheryl Perrin
15974 N Harmony Ln
Mount Vernon, IL 62864

Christa Fisher
180 CR 200 E
Ellery, IL 62833

Christina Wright
180 County Rd 200 E
Ellery, IL 62833

Cierra M Harper
401 Independence
West Salem, IL 62476

Citizens National of Albion
10 West Elm St
Albion, IL 62806

City of Centralia
PO Box 569
Centralia, IL 62801

City of Grayville
122 South Court St
Grayville, IL 62844

City of Lawrenceville
PO Box 557
Lawrenceville, IL 62439

City of Marion
1102 Tower Square Plaza
Marion, IL 62959

City of Mt Vernon
PO Box 1708
Mount Vernon, IL 62864

Clean
PO Box 840140
Kansas City, MO 64184-0140

Clean Fuels National
4620 E 900S
Keystone, IN 46759

Coca Cola Bottling Co Consolidated
PO Box 602937
Charlotte, NC 28260-2937

Craig Borowiak
675 Co Rd 650E
Albion, IL 62806

Cynthia Taylor
402 East 6 Apt 5
Mount Carmel, IL 62863

Dawn Michels
21 South 7th St
Albion, IL 62806

Deana L Smith
400 Shoreway Dr
Fairfield, IL 62837

Debbie R Isaac
19218 E 1300 Rd
Allendale, IL 62410

Deborah L Bradham
205 S King St
Golden Gate, IL 62843

Designer Greetings
PO Box 1477
Edison, NJ 08818-1477

Devils Breath Chile Co
12266 Songbird Rd
Marion, IL 62959

Diana Wade
1614 Shady Dr Apt 5
Carterville, IL 62918

Diego Borowiak
235 W Elm St
Albion, IL 62806

Dippin Dots
PO Box 480
Metropolis, IL 62960

Direct Energy Business
PO Box 70220
Philadelphia, PA 19176-0220

Discount Paper Products
46570 Humboldt Dr
Novi, MI 48377-2434

Dixie Cream Donuts
510 West Main
West Frankfort, IL 62896

Donna Martin
117 Co Rd 1300N
Albion, IL 62806

Donnewald Distributing
2100 Samuel W Andrews Dr
Greenville, IL 62246

Dylan J Hodge
716 N 8th St
Herrin, IL 62948

Earthgrains Baking Co Inc
PO Box 842437
Boston, MA 02284-2437

Edward Borowiak
13 N 5th St
Albion, IL 62806-1021

Edward Borowiak
13 E Main St
Albion, IL 62806

Electronic Architechs Inc
16147 N Illinois Hwy 37
Mount Vernon, IL 62864

Elko's Sales Inc
204 S Mcdyby Ave
Buckner, IL 62819-9730

Elliott W Laws
10281 N 1500 Rd
Mount Carmel, IL 62863

Elnora Long
2203 Michelle Dr
Marion, IL 62959

Emily Jones
318 N Union St
West Salem, IL 62476

Excel Bottling Co Inc
488 South Broadway
Breese, IL 62230

Flowers Baking Co of Batesvil
PO Box 847871
Dallas, TX 75284

Frey Produce
111 Ci Hwy 15#A
Keenes, IL 62851

Frito-Lay
75 Remittance Drive Ste 1217
Chicago, IL 60675-1217

Good L Corp
PO Box 337
La Vergne, TN 37086

Gordon Food Service Inc
Payment Processing Center
Palatine, IL 60055-0490

Grace E Sebaugh
615 W Grand
Carterville, IL 62918

Gregory D Keel
409 S Division St
Carterville, IL 62918

Hartford Financial Services
PO Box 415738
Boston, MA 02241-5738

Heartland Coca Cola Bottling Co
PO Box 74008600
Chicago, IL 60674-8600

Heritage Petroleum LLC
PO Box 6850
Evansville, IN 47719

Hobart Sales & Service
711 Good Hope St
Cape Girardeau, MO 63703-6250

Home City Ice Company
PO Box 111116
Cincinnati, OH 45211

Houseworth Electrical Contract
PO Box 1551
Mount Vernon, IL 62864

IL Environmental Protection Agency
Fiscal Services #2
Springfield, IL 62794

Illinois Gas Company
1927 Miller Dr
Olney, IL 62450

Indoff Incorporated
PO Box 842808
Kansas City, MO 64184-2808

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

Jacobs Burns Orlove and Hernandez
150 N Michigan Ave Ste 1000
Chicago, IL 60601

Jacqueline Borowiak
235 W Wlm St
Albion, IL 62806

Jamey L Burton
25 E Walnut
Albion, IL 62806

Jarvis Food Equipment
2195 Commercial Ct
Evansville, IN 47720

JD Mullen Co
211-215 S Main St
Palestine, IL 62451

Jeff Guisewite Inc
16153 E 1100 Rd
Mount Carmel, IL 62863

Jefferson County Collector
100 S 10th St Rm 100
Mount Vernon, IL 62864

Jennifer L Norris
275 Foxrun Rd
Goreville, IL 62939

Jerry L Hays
68 Bush Ln
Carbondale, IL 62902

Jimmy the Plumber
16309 N Mccauley Ln
Mount Vernon, IL 62864

John and Barbara Mckim
PO Box 308
Lawrenceville, IL 62439-0308

John Roberts
133 E Vine St
Grayville, IL 62844

Joshua L Wagner
914 West Fourth St
Mount Carmel, IL 62863

Joy Lane Produce LLC
2129 Illinois Route 130
West Salem, IL 62476

Justin Harms
106 S Drive
Mount Carmel, IL 62863

Justin R Hall
205 Virginia Ave
Carterville, IL 62918

K&A Distribution Inc
PO Box 40
Litchfield, IL 62056

Karen Cline
127 W Elm apt B
Albion, IL 62806

Kari L Rogers
11118 Rt 37 N
Marion, IL 62959

Karla J Ridgley
2280 IL Hwy 15E
Fairfield, IL 62837

Kasco Atlanta Sharp Tech
PO Box 202368
Dallas, TX 75320-2368

Katie Askren
13975 Ee 850 Rd
Mount Carmel, IL 62863

Kelly Hannah
814 W 9thh St
Mount Carmel, IL 62863

Kerington R Long
11295 Alta Dr
Carterville, IL 62918

Kim's Ice Cream LLC
PO Box 382
Sandoval, IL 62882

Kimberly A Barnhart
209 E Poplar St
Albion, IL 62806

Knapp Propane
PO Box 595
Mount Vernon, IL 62864

Koerner Distributor Inc
PO Box 67
Effingham, IL 62401

Kurtis T Seed
71 Bush Ln
Carbondale, IL 62901

Kyler Gammon
228 Kieffer Ave
Mount Carmel, IL 62863

L and K Fire Protection
PO Box 187
Marion, IL 62959

LaDonna M Crouch
140 E Main St
Albion, IL 62806

Lawrenceville Daily Record
PO Box 639
Robinson, IL 62454

Lee Enterprises
PO Box 742548
Cincinnati, OH 45274-2548

Lewis Bros Bakeries Inc
1957 Momentum Place
Chicago, IL 60689-5319

Mack's Auto Sales Inc
1172 Catman Court
Marion, IL 62959

Marion County Collector
PO Box 907
Salem, IL 62881-0907

Marion Daily Republican
PO Box 184
Du Quoin, IL 62832

Mark Sheets
1509 Dodds St
Mount Vernon, IL 62864

Markel
PO Box 650028
Dallas, TX 75265-0028

Mary E Priddy
301 N Main
Royalton, IL 62983

Mary K Kline
829 Co Hwy 21
Fairfield, IL 62837

Mary S Wood
1025 Poplar Ct
Mount Carmel, IL 62863

McKee Foods Corporation
PO Box 2118
Collegedale, TN 37315-2118

McKenzye A Earnest
123 Norman Dr
Mount Carmel, IL 62863

Melissa A Sweat
228 Locust St
Albion, IL 62806

Melissa D Deisher
5170 N 1220 Blvd
Mount Carmel, IL 62863

Mettler Toledo
22670 Network Pl
Chicago, IL 60673-1226

Micah B Henson
384 N 3rd St
Albion, IL 62806

Michael L Doan
330 W 10th St
Apt 710
Mount Carmel, IL 62863

Michelle L Piller
330 N 7th
Albion, IL 62806

Mike C Broedel
926 Poplar St
Mount Carmel, IL 62863

Miller's Country Crafts Inc
150 Millers Country Lane
Ava, IL 62907

Millie L Seyfert
909 Tippit St
Carterville, IL 62918

Mingo River Dist LLC
PO Box 480
Puxico, MO 63960

Moran Foods LLC
400 Northwest Plaza Dr
Saint Ann, MO 63074

Morgan Distributing
4437 Martha Court
Newburgh, IN 47630

Mt Carmel Public Utility
PO Box 220
Mount Carmel, IL 62863

Mt Carmel Register
PO Box 1350
Paducah, KY 42002

Navigator
PO Box 10
Albion, IL 62806-0010

NCR
14181 Collections Center Dr
Chicago, IL 60693

Neumayer Equipment Co Inc
PO Box 419161
Saint Louis, MO 63141

Nutmeg Spice Company
7 Bombard Court
Terryville, CT 06786

Orkin
1903 Princeton Ave
Marion, IL 62959

Patrick N Murphy
603 Taylor St
Grayville, IL 62844

Paul I Sheffer
125 George St
Anna, IL 62906

PBC
PO Box 75948
Chicago, IL 60675-5948

Pepsi Midamerica
PO Box 1070
Marion, IL 62959

POS Plus LLC
PO Box 1907
Marion, IL 62959

Power Distributing
24537 Network Pl
Chicago, IL 60673-1245

Prairie Farms Dairy Olney
217 W Main
Olney, IL 62450

Primo Water Corporation
PO Box 100125
Columbia, SC 29202-3125

Princeton Daily Clarion
PO Box 1360
Paducah, KY 42002

Quincie Borowiak
235 W Elm St
Albion, IL 62806

Rafferty Lawn Care
207 W 9th St
Mount Carmel, IL 62863

Randel K Bachelor
9219 E 100th Ave
Flat Rock, IL 62427

Raymond B Higginson
6422 Hwy 1
Mount Carmel, IL 62863

Rebecca J Harris
2808 Co Rd 525 N
Ellery, IL 62833

Record Indiana Inc
PO Box 57158
Pleasant Hill, IA 50327

Republic Service 694
PO Box 9001099
Louisville, KY 40290-1099

Republic Service 732
PO Box 9001099
Louisville, KY 40290-1099

Retail Data Systems
16 Sunnen Dr Ste 162
Maplewood, MO 63143

Retail Merchants Committee
% Wabash County COC
219 N Market St Ste 1A
Mount Carmel, IL 62863

Reva A Rice
203 N Charles
West Salem, IL 62476

Rice Enterprises
3906 Robin Dr
Mount Vernon, IL 62864

Robin L Girtman
6094 Wards Mill
Marion, IL 62959

Rug Doctor
PO Box 733979
Dallas, TX 75373-3979

S K Smith Electric
PO Box 846
Mount Carmel, IL 62863

S-L Distribution Company Inc
PO Box 412032
Boston, MA 02241-2032

Sally R Dunham
112 N Otis
Marion, IL 62959

Santana Energy Services
26697 Network Pl
Chicago, IL 60673-1266

Sarah R Sparks
311 Seminary St
West Salem, IL 62476

Schmidt Equipment & Supply
411 Eichelberger St
Saint Louis, MO 63111

Sharp & Williams
202 West Ninth St
Mount Carmel, IL 62863

Sharp Systems Inc
PO Box 99
Rehoboth Beach, DE 19971

Sherwood Food Distributors
12499 Evergreen Rd
Detroit, MI 48228-1059

Simon E Berberich
204 Patrick Pl
Mount Carmel, IL 62863

Slevin and Hart PC
1625 Massachusetts Ave NW Ste 450
Washington, DC 20036

Southern Glazer's of IL
2971 Collection Center Dr
Chicago, IL 60693

Southern Illinois Beverage
887 N Washington St
Nashville, IL 62263-0261

Southern Illinoisan
710 N Illinois Ave
Carbondale, IL 62901

Spencer W Tanner
PO Box 1507
Evansville, IN 47706

St Louis Post Dispatch
Payment Department
Saint Louis, MO 63101

Stanley Access Tech LLC
PO Box 0371595
Pittsburgh, PA 15251

Staples Advantage
Dept Det
Chicago, IL 60696-3589

Steve Martin
160 S 2nd St
Albion, IL 62806

Super Value
11840 Valley View Rd
Eden Prairie, MN 55344

Superior Foods
4243 Broadmoor Ave SE
Kentwood, MI 49512

Supervalu
11840 Valley View Rd
Eden Prairie, MN 55344

Susan J Moore
PO Box 181
Carterville, IL 62918

Swinford Publications
PO Box 10
Marion, IL 62959

T Ham Sign
PO Box 155
Mount Vernon, IL 62864

Tammy K Keepes
13489 E 500 Rd
Mount Carmel, IL 62863

Taylor LeCrone
715 N Cherry St
Mount Carmel, IL 62863

Terminix International
PO Box 742592
Cincinnati, OH 45274-2592

The Carmi Chronicle
PO Box 10
Albion, IL 62806

The Hartford
PO Box 660916
Dallas, TX 75266-0916

The Original Company
PO Box 242
Vincennes, IN 47591-0242

The Sentinel
Attn Circulation
Centralia, IL 62801

The Shopper's Weekly
PO Box 1223
Centralia, IL 62801

Tiffany M Emmons
506 Cooper St
West Salem, IL 62476

Town Square Publications
155 E Algonquin Rd
Arlington Heights, IL 60005

Tracy Electric
1308 Jefferson
Lawrenceville, IL 62439

Trader Circulation
PO Box 617
West Frankfort, IL 62896

Trevor Borowiak
232 W Elm St
Albion, IL 62806

Trevor Borowiak
235 W Elm St
Albion, IL 62806

Tri Kote
PO Box 661
Mount Carmel, IL 62863

Triad Industrial Supply
PO Box 5388
Springfield, IL 62705

Troyer Foods Inc
PO Box 1938
Bloomington, IN 47402-1938

Troyer Heating and Air Inc
276 Co Rd 1850N
West Salem, IL 62476

Tucker Auto-Mation
6131 Wedeking Ave Bldg G Ste
Evansville, IN

U S Department of Labor OSHA
11 Executive Dr Ste 11
Fairview Heights, IL 62208

Uncle Joe's Sauces
17327 Tick Ridge Rd
Ewing, IL 62836

UNFI Supervalu
2611 N Lincoln Ave
Urbana, IL 61801

UNFI Supervalue
PO Box 9008
Champaign, IL 61826

United Food & Commercial Workers
PO Box 6000
Frankfort, IL 60423-6000

USA Today
PO Box 677446
Dallas, TX 75267-7446

UTZ Quality Foods Inc
900 High St
Hanover, PA 17331

Wenneman Market Wholesale
PO Box 341
Saint Libory, IL 62282

White Sanitation
21529 Double Arch Rd
Staunton, IL 62088

Williams Country Sausage
4009 Greenfield Rd
Union City, TN 38261

Wilsons BBQ
11120 Broadway Ave
Evansville, IN 47712

Wilsons General Store
11120 Broadway Ave
Evansville, IN 47712

WMIX
PO Box 1508
Mount Vernon, IL 62864

WSJD-FM
331 N Market St
Mount Carmel, IL 62863

Yukon Refrigeration
9324 E IL Hwy 15
Mount Vernon, IL 62864

Zakaria R Jackson
103 Lakeshore Dr
Carterville, IL 62918

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

In re **Borowiak IGA Foodliner, Inc**

Debtor(s)

Case No.

Chapter

11

STATEMENT OF CORPORATE OWNERSHIP

Comes now **Borowiak IGA Foodliner, Inc** (the "Debtor") pursuant to Fed. R. Bankr. P. 1007(a) and 7007.1 state as follows:

1. All corporations that directly or indirectly own 10% or more of any class of the Debtor's equity interests are listed below:

Owner
Trevor Borowiak

% of Shares Owned
100

By: _____

Douglas A. Antonik 06190629

Counsel for **Borowiak IGA Foodliner, Inc**