

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

United States Bankruptcy Court for the:  
Northern District Of Indiana  
(State)

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

Check if this is an amended filing

Official Form 201

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

04/16

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

1. Debtor's name Susan's, Inc.

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

3. Debtor's federal Employer Identification Number (EIN) 3 5 - 1 9 6 3 8 3 6

4. Debtor's address	<b>Principal place of business</b>	<b>Mailing address, if different from principal place of business</b>
	<u>6340 W. Jefferson Blvd.</u> Number Street	_____ Number Street
	<u>Fort Wayne IN 46804</u> City State ZIP Code	_____ P.O. Box
	<u>ALLEN</u> County	_____ City State ZIP Code
		<b>Location of principal assets, if different from principal place of business</b>
		_____ Number Street
		_____ City State ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

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

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

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>.

4 4 8 1

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

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

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

Chapter 12

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

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

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

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_

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

Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

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

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

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

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?  No

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

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

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? \_\_\_\_\_
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other \_\_\_\_\_

Where is the property?

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Is the property insured?

- No
  - Yes. Insurance agency \_\_\_\_\_
- Contact name \_\_\_\_\_
- Phone \_\_\_\_\_

**Statistical and administrative information**

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

Funds will be available for distribution to unsecured creditors.

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

14. Estimated number of creditors

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

15. Estimated assets

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

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

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

**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 8 3 2016  
MM / DD / YYYY

Susan Johnson  
 Signature of authorized representative of debtor

Title President

Susan Johnson  
 Printed name

18. Signature of attorney

Adam L. Hand  
 Signature of attorney for debtor

Date 8/3/16  
MM / DD / YYYY

Adam L. Hand  
 Printed name

Beckman Lawson, LLP  
 Firm name

201 W. Wayne Street  
 Number Street

Fort Wayne IN 46802  
 City State ZIP Code

(260) 422-0800 ahand@beckmanlawson.com  
 Contact phone Email address

25620-02 IN  
 Bar number State

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

Debtor name Susan's, Inc.  
 United States Bankruptcy Court for the: Northern District of Indiana  
 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

\$ 200.00

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

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Wells Fargo	Checking Account	_____	\$ 2,500.00
3.2. _____	_____	_____	\$ _____

5

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

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

\$ 2,700.00

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

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

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor Susan's, Inc.  
Name

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

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

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_  
8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

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

\$ \_\_\_\_\_

**Part 3: Accounts receivable**

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

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

Current value of debtor's interest

**11. Accounts receivable**

11a. 90 days old or less: \_\_\_\_\_ = ..... → \$ \_\_\_\_\_  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \_\_\_\_\_ = ..... → \$ \_\_\_\_\_  
face amount doubtful or uncollectible accounts

**12. Total of Part 3**

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

\$ \_\_\_\_\_

**Part 4: Investments**

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

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

Valuation method used for current value

Current value of debtor's interest

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

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_  
14.2. \_\_\_\_\_ \$ \_\_\_\_\_

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

Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_  
15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

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

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_  
16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

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

\$ \_\_\_\_\_

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

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

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

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

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies Clothing	06/27/2016 MM / DD / YYYY	\$ _____	Market/Sales Appraisal	\$ 13,500.00
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$ 13,500.00

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

- No  
 Yes

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

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

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

- No  
 Yes

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

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

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

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

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

**33. Total of Part 6.**

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

\$ \_\_\_\_\_

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

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

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

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

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

- No
- Yes

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

- No
- Yes

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
Mirrors, Refridgerator, Shelving	\$ _____	Market Appraisal	\$ 725.00
<b>40. Office fixtures</b>			
Trade Fixtures (Landlord owns)	\$ 1,675.00		\$ 0.00
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
_____	\$ _____		\$ _____
<b>42. Collectibles</b> <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1 _____	\$ _____		\$ _____
42.2 _____	\$ _____		\$ _____
42.3 _____	\$ _____		\$ _____

**43. Total of Part 7.**

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

\$ 725.00

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

- No
- Yes

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

- No
- Yes

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

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

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

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

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

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

47.1 2000 Chevy Astro Van	\$ _____	Market	\$ 400.00
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

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

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

49. Aircraft and accessories

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

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

_____	\$ _____	_____	\$ _____
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51. Total of Part 8.

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

\$ 400.00
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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

Debtor Susan's, Inc.  
Name

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

**Part 9: Real property**

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

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

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

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <u>6340 W. Jefferson, Unit B08A</u>	<u>Leasehold</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ _____</u>
55.2 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>
55.3 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>
55.4 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>
55.5 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>
55.6 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>

56. Total of Part 9.

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

**\$ 0.00**

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

- No  
 Yes

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

- No  
 Yes

**Part 10: Intangibles and Intellectual Property**

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	<u>\$ _____</u>	_____	<u>\$ _____</u>
61. Internet domain names and websites	<u>\$ _____</u>	_____	<u>\$ _____</u>
62. Licenses, franchises, and royalties	<u>\$ _____</u>	_____	<u>\$ _____</u>
63. Customer lists, mailing lists, or other compilations	<u>\$ _____</u>	_____	<u>\$ _____</u>
64. Other intangibles, or intellectual property	<u>\$ _____</u>	_____	<u>\$ _____</u>
65. Goodwill	<u>\$ _____</u>	_____	<u>\$ _____</u>

66. Total of Part 10.

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

**\$ \_\_\_\_\_**

Debtor Susan's, Inc.  
Name

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

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

**Part 11: All other assets**

- 70. Does the debtor own any other assets that have not yet been reported on this form?  
 Include all interests in executory contracts and unexpired leases not previously reported on this form.  
 No. Go to Part 12.  
 Yes. Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**  
 Description (include name of obligor) \_\_\_\_\_  
 \_\_\_\_\_ Total face amount — \_\_\_\_\_ doubtful or uncollectible amount => \$ \_\_\_\_\_

72. **Tax refunds and unused net operating losses (NOLs)**  
 Description (for example, federal, state, local) \_\_\_\_\_  
 \_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_

73. **Interests in insurance policies or annuities**  
 \_\_\_\_\_ \$ \_\_\_\_\_

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Nature of claim \_\_\_\_\_  
 Amount requested \$ \_\_\_\_\_

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Nature of claim \_\_\_\_\_  
 Amount requested \$ \_\_\_\_\_

76. **Trusts, equitable or future interests in property**  
 \_\_\_\_\_ \$ \_\_\_\_\_

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

78. **Total of Part 11.**  
 Add lines 71 through 77. Copy the total to line 90. \$ \_\_\_\_\_

- 79. Has any of the property listed in Part 11 been appraised by a professional within the last year?  
 No  
 Yes

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$2,700.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$13,500.00	
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>	\$725.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$400.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column. ....91a.	\$17,325.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. ....		\$17,325.00

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

Debtor name Susan's, Inc.  
 United States Bankruptcy Court for the: Northern District of Indiana  
 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.

<i>Column A</i>	<i>Column B</i>
<b>Amount of claim</b>	<b>Value of collateral that supports this claim</b>
<small>Do not deduct the value of collateral.</small>	

<p><b>2.1</b> Creditor's name <u>Advantagedge</u></p> <p>Creditor's mailing address <u>710 Avenue U</u> <u>Brooklyn, NY 11223</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.  <u>1:On Deck; 2:On Deck;</u>  <u>3:Advantagedge</u></p>	<p>Describe debtor's property that is subject to a lien <u>For Notice Purposes Only</u></p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is:                  Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p>\$ <u>1.00</u></p>	<p>\$ <u>0.00</u></p>
---	--	-----------------------	-----------------------

<p><b>2.2</b> Creditor's name <u>Advantagedge</u></p> <p>Creditor's mailing address <u>See Attachment 1</u> <u>Brooklyn, NY 11210</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.                  _____  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien _____</p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is:                  Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p>\$ <u>31,795.55</u></p>	<p>\$ <u>0.00</u></p>
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**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** \$ 214,037.29

Debtor Susan's, Inc.  
Name

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

**Part 1: Additional Page**

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

Column B  
**Value of collateral that supports this claim**

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

**2.3** Creditor's name Chase Line of Credit Describe debtor's property that is subject to a lien \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ \$ 51,754.74 \$ 0.00

Creditor's mailing address \_\_\_\_\_  
P.O. Box 9001022  
Louisville, KY 40290-1022

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number 3 9 0 0

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

Describe the lien \_\_\_\_\_

Is the creditor an insider or related party?  
 No  
 Yes

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

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

**2.4** Creditor's name IBIS Describe debtor's property that is subject to a lien \_\_\_\_\_  
 \_\_\_\_\_ \$ 24,483.00 \$ 0.00

Creditor's mailing address \_\_\_\_\_  
45 John F. Kennedy  
Stoney Point, NY 10980

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?  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

Describe the lien \_\_\_\_\_

Is the creditor an insider or related party?  
 No  
 Yes

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

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

Debtor Susan's, Inc.  
Name

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

**Part 1: Additional Page**

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

*Column B*  
**Value of collateral that supports this claim**

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

**2.5** Creditor's name On Deck Describe debtor's property that is subject to a lien \_\_\_\_\_  
 Amount of claim: \$ 106,000.00 Value of collateral: \$ 0.00

Creditor's mailing address See Attachment 2  
Denver, CO 80237

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 0 1 9 8

Describe the lien \_\_\_\_\_

Is the creditor an insider or related party?  
 No  
 Yes

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

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

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

Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**2.6** Creditor's name On Deck Describe debtor's property that is subject to a lien For Notice Purposes Only  
 Amount of claim: \$ 1.00 Value of collateral: \$ 0.00

Creditor's mailing address 901 North Stuart St.  
Arlington, VA 22203

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Describe the lien \_\_\_\_\_

Is the creditor an insider or related party?  
 No  
 Yes

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

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

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

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

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 1: Additional Page**

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

*Column B*  
**Value of collateral that supports this claim**

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

**2.7** Creditor's name On Deck Describe debtor's property that is subject to a lien For Notice Purposes Only \$ 1.00 Value of collateral that supports this claim \$ 0.00

Creditor's mailing address c/o Taylor Law PLLC, P.O. Box 436709  
Louisville, KY 40253-6709

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number 0 1 9 8

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

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

Describe the lien \_\_\_\_\_

Is the creditor an insider or related party?  
 No  
 Yes

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

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

**2.8** Creditor's name On Deck Describe debtor's property that is subject to a lien For Notice Purposes Only. \$ 1.00 Value of collateral that supports this claim \$ 0.00

Creditor's mailing address See Attachment 3  
Phoenix, AZ 85040

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number 0 1 9 8

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

Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

Describe the lien \_\_\_\_\_

Is the creditor an insider or related party?  
 No  
 Yes

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

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

Debtor Susan's, Inc.  
Name

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

**Part 1: Additional Page**

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

*Column B*  
**Value of collateral that supports this claim**

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

**2.9** Creditor's name \_\_\_\_\_ Describe debtor's property that is subject to a lien \_\_\_\_\_  
 \_\_\_\_\_ \$0.00 \$0.00  
 Creditor's mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 Describe the lien \_\_\_\_\_  
 Creditor's email address, if known \_\_\_\_\_  
 Is the creditor an insider or related party?  
 No  
 Yes  
 Date debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Is anyone else liable on this claim?  
 No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).  
 Do multiple creditors have an interest in the same property?  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

**2.10** Creditor's name \_\_\_\_\_ Describe debtor's property that is subject to a lien \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Creditor's mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 Describe the lien \_\_\_\_\_  
 Creditor's email address, if known \_\_\_\_\_  
 Is the creditor an insider or related party?  
 No  
 Yes  
 Date debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Is anyone else liable on this claim?  
 No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).  
 Do multiple creditors have an interest in the same property?  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

Attachment  
Debtor: Susan's, Inc. Case No:

Attachment 1

c/o Jakubowitz & Chuang LLP, 3019 Avenue J

Attachment 2

c/o CACH, LLC, 4340 S. Monaco, 2nd Floor

Attachment 3

c/o Law Office of Joe Pezzuto, 4411 South Suite D11

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

Debtor Susan's, Inc.  
 United States Bankruptcy Court for the: Northern District of Indiana  
 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
<p><b>2.1</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$0.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p>

<p><b>2.2</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
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<p><b>2.3</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
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Debtor

Susan's, Inc.  
Name

Case number (if known)

**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 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Advanta P.O. Box 660676 Dallas, TX 75266-0676  Date or dates debt was incurred _____ Last 4 digits of account number <u>0 0 1 7</u>	As of the petition filing date, the claim is: <u>\$ 13,639.41</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>For Notice Purposes Only</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 Advanta c/o Carson Smithfield LLC P.O. Box 9216 Old Bethpage, NY 11804  Date or dates debt was incurred _____ Last 4 digits of account number <u>0 0 1 7</u>	As of the petition filing date, the claim is: <u>\$15,606.82</u> <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
3.3	Nonpriority creditor's name and mailing address Advantage Direct 4111 Englethen Dr. Fort Wayne, IN 46804  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 2,117.04</u> <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
3.4	Nonpriority creditor's name and mailing address AG Adjustments c/o CIT Group Commercial Services 740 Walt Whitman Rd. Melville, NY 11747-9090  Date or dates debt was incurred _____ Last 4 digits of account number <u>8 9 1 9</u>	As of the petition filing date, the claim is: <u>\$ 10,495.58</u> <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
3.5	Nonpriority creditor's name and mailing address American Express See Attachment 1 Ramsey, NJ 07446  Date or dates debt was incurred _____ Last 4 digits of account number <u>1 0 0 0</u>	As of the petition filing date, the claim is: <u>\$20,344.44</u> <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
3.6	Nonpriority creditor's name and mailing address American Express P.O. Box 650448 Dallas, TX 75265-0448  Date or dates debt was incurred _____ Last 4 digits of account number <u>1 0 0 7</u>	As of the petition filing date, the claim is: <u>\$ 15,907.51</u> <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

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 2: Additional Page**

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

Amount of claim

3.7 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,945.04  
 American Express Check all that apply.  
 c/o Firstsource Advantage LLC 205 Bryant Woods South  Contingent  
 Amherst, NY 14228  Unliquidated  
 Disputed  
 Liquidated and neither contingent nor  
 disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 1 0 0 6  No  
 Yes

3.8 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,479.43  
 American Express Check all that apply.  
 P.O. Box 650448  Contingent  
 Dallas, TX 75265-0448  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 1 0 0 6  No  
 Yes

3.9 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,833.76  
 American Express Check all that apply.  
 c/o United Recovery Systems LP P.O. Box 722929  Contingent  
 Houston, TX 77272-2929  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 1 0 0 6  No  
 Yes

3.10 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,322.23  
 American Express Check all that apply.  
 c/o Nationwide Credit, Inc. P.O. Box 26314  Contingent  
 Lehigh Valley, PA 18002-6314  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 3 0 0 3  No  
 Yes

3.11 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 18,481.78  
 American Express Check all that apply.  
 P.O. Box 650448  Contingent  
 Dallas, TX 75265-0448  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 1 0 0 0  No  
 Yes

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 2: Additional Page**

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

Amount of claim

3.12	Nonpriority creditor's name and mailing address <u>AZI</u>  <u>209 W. 38th St., 12th Floor</u> <u>New York, NY 10018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 2,565.80
	Date or dates debt was incurred _____ Last 4 digits of account number <u>s a n s</u>	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address <u>Benchmark Merchant Solutions</u>  <u>4053 Maple Rd., Suite 199</u> <u>Amherst, NY 14226</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 855.12
	Date or dates debt was incurred _____ Last 4 digits of account number <u>9 5 9 7</u>	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address <u>CACH, LLC</u>  <u>c/o Taylor Law, PLLC P.O. Box 436709</u> <u>Louisville, KY 40253-6709</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 101,400.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address <u>Capital One</u>  <u>P.O. Box 6492</u> <u>Carol Stream, IL 60197-6492</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,460.56
	Date or dates debt was incurred _____ Last 4 digits of account number <u>7 8 6 4</u>	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address <u>Casual Express Apparell Group</u>  <u>c/o CIT Group Commercial Services P.O. Box 1036</u> <u>Charlotte, NC 28201-1036</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 2,706.32
	Date or dates debt was incurred _____ Last 4 digits of account number <u>u s 0 6</u>	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 2: Additional Page**

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

Amount of claim

3.17 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 10,330.85  
 Chase *Check all that apply.*  
 See Attachment 2  Contingent  
 Toledo, OH 43614  Unliquidated  
 Disputed  
 Liquidated and neither contingent nor  
 disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 7 9 0 6 Is the claim subject to offset?  
 No  
 Yes

3.18 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,013.14  
 Chase *Check all that apply.*  
 c/o Client Services, Inc. 3451 Harry S. Truman Blvd.  Contingent  
 St. Charles, MO 63301-4047  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 6 2 7 2 Is the claim subject to offset?  
 No  
 Yes

3.19 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,013.14  
 Chase *Check all that apply.*  
 c/o MRS BPO LLC 1930 Olney Ave.  Contingent  
 Cherry Hill, NJ 08003  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 6 2 7 2 Is the claim subject to offset?  
 No  
 Yes

3.20 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 716.04  
 Chase Ck Line *Check all that apply.*  
 P.O. Box 94014  Contingent  
 Palatine, IL 60094-4014  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 6 2 7 2 Is the claim subject to offset?  
 No  
 Yes

3.21 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 9,267.71  
 Chase SW *Check all that apply.*  
 P.O. Box 94014  Contingent  
 Palatine, IL 60094-4014  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 7 9 0 6 Is the claim subject to offset?  
 No  
 Yes

Debtor

Susan's, Inc.  
Name

Case number (if known)

**Part 2: Additional Page**

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

Amount of claim

3.22	Nonpriority creditor's name and mailing address Citi Business  Processing Center Des Moines, IA 50363-0005  Date or dates debt was incurred _____ Last 4 digits of account number <u>6 1 1 3</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,044.32
3.23	Nonpriority creditor's name and mailing address Citibank  c/o LTD 7322 Southwest Freeway, Suite 1600 Houston, TX 77074-2053  Date or dates debt was incurred _____ Last 4 digits of account number <u>6 1 1 3</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,478.17
3.24	Nonpriority creditor's name and mailing address Citibank  See Attachment 3 Wilmington, DE 19801-5148  Date or dates debt was incurred _____ Last 4 digits of account number <u>6 1 1 3</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,478.17
3.25	Nonpriority creditor's name and mailing address Citibank  c/o McCarthy, Burgess & Wolff 26000 Cannon Road Cleveland, OH 44146  Date or dates debt was incurred _____ Last 4 digits of account number <u>6 1 1 3</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,478.17
3.26	Nonpriority creditor's name and mailing address City Girl  c/o CIT Group Comm. Services 134 Wooding Avenue Daneville, VA 24541  Date or dates debt was incurred _____ Last 4 digits of account number <u>U S F O</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 997.22

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
 Name

**Part 2: Additional Page**

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

Amount of claim

3.27 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 376.00  
 Cover Charge *Check all that apply.*  
 1018 S. Los Angeles St. #A&B  Contingent  
 Los Angeles, CA 90015  Unliquidated  
 Disputed  
 Liquidated and neither contingent nor  
 disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number \_\_\_\_\_  No  
 Yes

3.28 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,130.60  
 David Cline *Check all that apply.*  
 c/o CIT Group Commercial Services 134 Wooding Ave.  Contingent  
 Daneville, VA 24541  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number 8 7 3 4  No  
 Yes

3.29 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,130.60  
 David Cline *Check all that apply.*  
 c/o New Commercial Capital File 749269  Contingent  
 Los Angeles, CA 90074  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number u s 0 4  No  
 Yes

3.30 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 300.00  
 Despos Tailoring *Check all that apply.*  
 6338 W. Jefferson Blvd.  Contingent  
 Fort Wayne, IN 46804  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number \_\_\_\_\_  No  
 Yes

3.31 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 81.00  
 Dulin, Ward & DeWald *Check all that apply.*  
 9921 Dupont Circle Drive West  Contingent  
 Fort Wayne, IN 46825  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number 7 7 7 5  No  
 Yes

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 2: Additional Page**

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

Amount of claim

<u>3.32</u>	Nonpriority creditor's name and mailing address <u>Everest Business Funding</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>20,300.00</u>
	<u>2001 NW 107th Ave., 3rd Floor</u> <u>Miami, FL 33172</u>	Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<u>3.33</u>	Nonpriority creditor's name and mailing address <u>Fantazid</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>1,367.79</u>
	<u>1206 S. Maple St. #700</u> <u>Los Angeles, CA 90015</u>	Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<u>3.34</u>	Nonpriority creditor's name and mailing address <u>Joseph Ribkoff</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>18,438.96</u>
	<u>c/o Receivables Control Corp. 7373 Kirkwood Ct. #200</u> <u>Minneapolis, MN 55369</u>	Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number <u>- 5 9 0</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<u>3.35</u>	Nonpriority creditor's name and mailing address <u>Joseph Ribkoff</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>18,438.96</u>
	<u>c/o Altus Global Trade Solutions P.O. Box 1389</u> <u>Kenner, LA 70063</u>	Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number <u>0 8 0 6</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<u>3.36</u>	Nonpriority creditor's name and mailing address <u>La El Couture</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>1,250.90</u>
	<u>247 W. 37th St.</u> <u>New York, NY 10018</u>	Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number <u>1 6 0 5</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 2: Additional Page**

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

Amount of claim

**3.37** Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$2,397.00  
 Linea Domani Check all that apply.  
 555 Chabanel W. #1106  Contingent  
 Montreal, QC H2N 2H8 Canada  Unliquidated  
 Disputed  
 Liquidated and neither contingent nor  
 disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number u s 0 4  No  
 Yes

**3.38** Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$3,143.00  
 Linea Domani Check all that apply.  
 See Attachment 4  Contingent  
 Montreal, QC H3A 2R7 Canada  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number \_\_\_\_\_  No  
 Yes

**3.39** Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$2,145.81  
 Luiu Check all that apply.  
 c/o Continental Business Credit P.O. Box 60288  Contingent  
 Los Angeles, CA 90060-0288  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number u s t n  No  
 Yes

**3.40** Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$2,020.70  
 Luiu Check all that apply.  
 c/o CIT Group Commercial Services 134 Wooding Ave.  Contingent  
 Daneville, VA 24541  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number 8 5 6 6  No  
 Yes

**3.41** Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$419.29  
 Motorists Mutual Check all that apply.  
 471 E. Broad St.  Contingent  
 Columbus, OH 43215-3861  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number 1 - 9 0  No  
 Yes

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 2: Additional Page**

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

Amount of claim

3.42 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 414.29  
 Motorists Mutual Insurance Co. *Check all that apply.*  
 c/o Caine & Weiner 9931 Corporate Campus Dr. #2200  Contingent  
 Louisville, KY 40223  Unliquidated  
 Disputed  
 Liquidated and neither contingent nor  
 disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 2 5 0 4 Is the claim subject to offset?  
 No  
 Yes

3.43 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,648.02  
 NYDJ *Check all that apply.*  
 See Attachment 5  Contingent  
 Carle Place, NY 11514-0363  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 6 6 6 8 Is the claim subject to offset?  
 No  
 Yes

3.44 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,648.02  
 NYDJ Apparel, LLC *Check all that apply.*  
 c/o Rosenthal & Rosenthal P.O. Box 88926  Contingent  
 Chicago, IL 60695-1926  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  
 No  
 Yes

3.45 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,239.00  
 Orly *Check all that apply.*  
 c/o Accord Financial (CIT) 3500 De Maisonneuve W, #1510  Contingent  
 Montreal, QC H32 3C1 Canada  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_ Is the claim subject to offset?  
 No  
 Yes

3.46 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,202.00  
 Raintree *Check all that apply.*  
 P.O. Box 29352  Contingent  
 Phoenix, AZ 85038-9352  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 4 6 1 3 Is the claim subject to offset?  
 No  
 Yes

Debtor

Susan's, Inc.  
Name

Case number (if known)

**Part 2: Additional Page**

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

Amount of claim

3.47 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,501.71  
 Raintree *Check all that apply.*  
 \_\_\_\_\_  Contingent  
 \_\_\_\_\_  Unliquidated  
 c/o Aspen National Collections P.O. Box 10689  Disputed  
 \_\_\_\_\_  Liquidated and neither contingent nor  
 Brooksville, FL 34603-0689 disputed  
 \_\_\_\_\_  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 4 6 1 3 Is the claim subject to offset?  
 No  
 Yes

3.48 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,319.14  
 Raintree *Check all that apply.*  
 \_\_\_\_\_  Contingent  
 \_\_\_\_\_  Unliquidated  
 See Attachment 6  Disputed  
 \_\_\_\_\_  
 Scottsdale, AZ 85251-3643 Basis for the claim: \_\_\_\_\_  
 \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 4 6 1 3 Is the claim subject to offset?  
 No  
 Yes

3.49 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,490.26  
 Raintree *Check all that apply.*  
 \_\_\_\_\_  Contingent  
 \_\_\_\_\_  Unliquidated  
 c/o Blackwell Recovery 4150 N. Drinkwater Blvd., Suite 200  Disputed  
 \_\_\_\_\_  
 Scottsdale, AZ 85251-3643 Basis for the claim: \_\_\_\_\_  
 \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 4 6 1 3 Is the claim subject to offset?  
 No  
 Yes

3.50 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 985.63  
 Ravel *Check all that apply.*  
 \_\_\_\_\_  Contingent  
 \_\_\_\_\_  Unliquidated  
 c/o Wells Fargo Bank 100 Park Ave.  Disputed  
 \_\_\_\_\_  
 New York, NY 10017 Basis for the claim: \_\_\_\_\_  
 \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 3 2 4 8 Is the claim subject to offset?  
 No  
 Yes

3.51 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,065.89  
 Ravel *Check all that apply.*  
 \_\_\_\_\_  Contingent  
 \_\_\_\_\_  Unliquidated  
 c/o SKO Brenner American P.O. Box 9320  Disputed  
 \_\_\_\_\_  
 Baldwin, NY 11510 Basis for the claim: \_\_\_\_\_  
 \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number 7 1 3 8 Is the claim subject to offset?  
 No  
 Yes

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 2: Additional Page**

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

Amount of claim

3.52 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1,079.03  
 Ravel Fashion Check all that apply.  
 c/o Leslie L. Camins P.O. Box 9320  Contingent  
 Baldwin, NY 11510  Unliquidated  
 Disputed  
 Liquidated and neither contingent nor  
 disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number 7 1 3 8  No  
 Yes

3.53 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 1.00  
 RMS Check all that apply.  
 77 Hartland St. #401 P.O. Box 280431  Contingent  
 East Hartford, CT 06128-043  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number \_\_\_\_\_  No  
 Yes

3.54 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 4,471.07  
 Sams Check all that apply.  
 See Attachment 7  Contingent  
 Duluth, GA 30096  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number \_\_\_\_\_  No  
 Yes

3.55 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 3,731.81  
 Sams Check all that apply.  
 P.O. Box 530981  Contingent  
 Atlanta, GA 30353-0981  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number 4 5 3 8  No  
 Yes

3.56 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 2,020.70  
 Tesoro Modd Check all that apply.  
 c/o CIT Group Commercial Services P.O. Box 1036  Contingent  
 Charlotte, NC 28201-1036  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ **Is the claim subject to offset?**  
 Last 4 digits of account number 6 0 9 5  No  
 Yes

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

**Part 2: Additional Page**

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

Amount of claim

<u>3.57</u>	Nonpriority creditor's name and mailing address <u>Tesoro Modd</u>  <u>1206 S. Maple Ave., 4th Floor</u> <u>Los Angeles, CA 90015</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>2,020.70</u>
	Date or dates debt was incurred _____ Last 4 digits of account number <u>6 0 9 5</u>	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<u>3.58</u>	Nonpriority creditor's name and mailing address <u>Troy Cleaners</u>  <u>3253 St. Joe Center Road</u> <u>Fort Wayne, IN 46835</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>25.30</u>
	Date or dates debt was incurred _____ Last 4 digits of account number <u>6 7 8</u>	Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<u>3.59</u>	Nonpriority creditor's name and mailing address _____ _____ _____	As of the 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 _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

<u>3.60</u>	Nonpriority creditor's name and mailing address _____ _____ _____	As of the 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 _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

<u>3.61</u>	Nonpriority creditor's name and mailing address _____ _____ _____	As of the 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 _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Susan's, Inc.  
Name

Case number (if known)

**Part 3: List Others to Be Notified About Unsecured Claims**

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

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

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

Debtor Susan's, Inc. Case number (if known) \_\_\_\_\_  
Name

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

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

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$0.00
5b. Total claims from Part 2	5b. +	\$346,781.95
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$346,781.95

Attachment  
Debtor: Susan's, Inc. Case No:

**Attachment 1**

**c/o Central Credit Services LLC 500 North Franklin Turnpike, Suite 200**

**Attachment 2**

**c/o United Collection Bureau, Inc. 5620 Southwyck Blvd., Suite 206**

**Attachment 3**

**c/o Phillips & Cohen Associates Ltd. Mail Stop 871  
1004 Justison Street**

**Attachment 4**

**c/o Tiger Goldman 1010 Ouest, rue Sherbrooke St. W.  
Bureau 716 - Suite 716**

**Attachment 5**

**c/o Atwell, Curtis & Brooks Ltd.; Rosenthal & Rosenthal 204 Stonehinge Ln.  
P.O. Box 363**

**Attachment 6**

**c/o Concord Servicing Corp. 4150 N. Drinkwater Blvd., Suite 200**

**Attachment 7**

**c/o Crown Asset Management, LLC 3100 Breckenridge Blvd., Ste. 725**

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

Debtor name Susan's, Inc.

United States Bankruptcy Court for the: Northern District of Indiana

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

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, numbering the entries consecutively.

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

- No. Check this box and file this form with the court 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 contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

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

2.1	State what the contract or lease is for and the nature of the debtor's interest	Lease of 6430 W. Jefferson Blvd. Fort Wayne, IN 46804	Mathews-CP, LLC 330 Passaic Avenue, Suite 110 Fairfield NJ 07004
	State the term remaining	April 30, 2017	
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

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

Debtor name Susan's, Inc.  
 United States Bankruptcy Court for the: Northern District of Indiana  
 Case number (If known): \_\_\_\_\_

Check if this is an amended filing

Official Form 206H

**Schedule H: 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. Does the debtor 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 Susan Johnson	5719 The Prophets Pass Street  Fort Wayne IN 46845-9659 City State ZIP Code	Chase Line of Credit	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Roger Johnson	5719 The Prophets Pass Street  Fort Wayne IN 46845-9659 City State ZIP Code	Chase Line of Credit	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____ Street  _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____ Street  _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____ Street  _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____ Street  _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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

Debtor name Susan's, Inc.

United States Bankruptcy Court for the: Northern District of Indiana

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)

<p>1a. <b>Real property:</b>                  Copy line 88 from <i>Schedule A/B</i> .....</p>	<p>\$ <u>0.00</u></p>
<p>1b. <b>Total personal property:</b>                  Copy line 91A from <i>Schedule A/B</i> .....</p>	<p>\$ <u>17,325.00</u></p>
<p>1c. <b>Total of all property:</b>                  Copy line 92 from <i>Schedule A/B</i> .....</p>	<p>\$ <u>17,325.00</u></p>

**Part 2: Summary of Liabilities**

<p>2. <b>Schedule D: Creditors Who Hold Claims Secured by Property</b> (Official Form 206D)                  Copy the total dollar amount listed in Column A, <i>Amount of claim</i>, at the bottom of page 1 of <i>Schedule D</i> .....</p>	<p>\$ <u>214,037.29</u></p>
<p>3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)</p> <p>3a. <b>Total claim amounts of priority unsecured claims:</b>                  Copy the total claims from Part 1 from line 6a of <i>Schedule E/F</i> .....</p>	<p>\$ <u>0.00</u></p>
<p>3b. <b>Total amount of claims of non-priority amount of unsecured claims:</b>                  Copy the total of the amount of claims from Part 2 from line 6b of <i>Schedule E/F</i> .....</p>	<p>+ \$ <u>346,781.95</u></p>
<p>4. <b>Total liabilities</b> .....</p> <p>Lines 2 + 3a + 3b</p>	<p>\$ <u>560,819.24</u></p>

Fill in this information to identify the case and this filing:

Debtor Name Susan's, Inc.

United States Bankruptcy Court for the: Northern District Of Indiana

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

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:

- Checkboxes for various schedules: Schedule A/B, D, E/F, G, H, Summary, Amended Schedule, Chapter 11 or 9 Cases, and Other document that requires a declaration.

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

Executed on 8/3/16 MM/DD/YYYY

Signature of Susan Johnson

Susan Johnson Printed name

President Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name Susan's, Inc.United States Bankruptcy Court for the: Northern District Of Indiana

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 the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	CACH, LLC c/o Taylor Law, PLLC P.O. Box 436709 Louisville, KY40253-6709						\$101,400.00
2	American Express c/o Central Credit Services LLC See Attachment 1 Ramsey, NJ07446						\$20,344.44
3	Everest Business Funding 2001 NW 107th Ave., 3rd Floor  Miami, FL33172						\$20,300.00
4	American Express P.O. Box 650448  Dallas, TX75265-0448						\$18,481.78
5	Joseph Ribkoff c/o Receivables Control Corp. 7373 Kirkwood Ct. #200 Minneapolis, MN55369						\$18,438.96
6	Joseph Ribkoff c/o Altus Global Trade Solutions P.O. Box 1389 Kenner, LA70063						\$18,438.96
7	American Express P.O. Box 650448  Dallas, TX75265-0448						\$15,907.51
8	Advanta c/o Carson Smithfield LLC P.O. Box 9216 Old Bethpage, NY11804						\$15,606.82

Debtor Susan's, 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 the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured 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
9	Advanta P.O. Box 660676  Dallas, TX75266-0676		For Notice Purposes Only				\$13,639.41
10	AG Adjustments c/o CIT Group Commercial Services 740 Walt Whitman Rd. Melville, NY11747-9090						\$10,495.58
11	Chase c/o United Collection Bureau, Inc. 5620 Southwyck Blvd., Suite 206 Toledo, OH43614						\$10,330.85
12	Chase SW P.O. Box 94014  Palatine, IL60094-4014						\$9,267.71
13	Sams c/o Crown Asset Management, LLC 3100 Breckenridge Blvd., Ste. 725 Duluth, GA30096						\$4,471.07
14	Sams P.O. Box 530981  Atlanta, GA30353-0981						\$3,731.81
15	Capital One P.O. Box 6492  Carol Stream, IL60197-6492						\$3,460.56
16	Linea Domani c/o Tiger Goldman See Attachment 2 Montreal, QCH3A 2R7 Canada						\$3,143.00
17	Casual Express Apparell Group c/o CIT Group Commercial Services P.O. Box 1036 Charlotte, NC28201-1036						\$2,706.32
18	NYDJ Apparel, LLC c/o Rosenthal & Rosenthal P.O. Box 88926 Chicago, IL60695-1926						\$2,648.02
19	NYDJ See Attachment 3 See Attachment 3 Carle Place, NY11514-0363						\$2,648.02
20	AZI 209 W. 38th St., 12th Floor  New York, NY10018						\$2,565.80

Attachment  
Debtor: Susan's, Inc. Case No:

Attachment 1

500 North Franklin Turnpike, Suite 200

Addendum 2

- i. 1010 Ouest, rue Sherbrooke St. W.  
Bureau 716 - Suite 716

Addendum 3

- h. c/o Atwell, Curtis & Brooks Ltd.; Rosenthal & Rosenthal
- i. 204 Stonchinge Ln.  
P.O. Box 363