

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

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF INDIANA

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

Check if this an amended filing

Official Form 201

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

4/16

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

1. Debtor's name Algozine Masonry Restoration, 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) 35-1529036

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>2000 North LaFayette Court</u> <u>Griffith, IN 46319</u> Number, Street, City, State & ZIP Code	_____
	<u>Lake</u> County	<u>Location of principal assets, if different from principal place of business</u> _____
		Number, Street, City, State & ZIP Code

5. Debtor's website (URL) http://www.algozinemasonry.com/

6. Type of debtor

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

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor Algozine Masonry Restoration, 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>.

2381

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

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

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

Chapter 12

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

- No.
- Yes.

If more than 2 cases, attach a separate list.

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

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

- No
- Yes.

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

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

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

15. Estimated Assets
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000                   | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000             | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input 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          |

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

Debtor **Algozine Masonry Restoration, 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 **November 10, 2016**  
MM / DD / YYYY

**X /s/ David A Algozine**  
Signature of authorized representative of debtor  
  
 Title **Vice President**

**David A Algozine**  
Printed name

**18. Signature of attorney**

**X /s/ O. Allan Fridman**  
Signature of attorney for debtor

Date **November 10, 2016**  
MM / DD / YYYY

**O. Allan Fridman**  
Printed name

**Law Office of Allan Fridman**  
Firm name

**555 Skokie Blvd 500**  
**Northbrook, IL 60062**  
Number, Street, City, State & ZIP Code

Contact phone **847-412-0788** Email address **allan@fridlg.com**

**6274954**  
Bar number and State

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

Debtor name Algozine Masonry Restoration, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA

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 November 10, 2016

X /s/ David A Algozine

Signature of individual signing on behalf of debtor

David A Algozine

Printed name

Vice President

Position or relationship to debtor

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

Debtor name **Algozine Masonry Restoration, 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 claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Arch Capital 106 Pearl Street, New York, NY 10005		UCC Filing		\$62,950.00	\$194,331.00	\$62,950.00
Austgen Kuiper Jasaitis 130 N. Main St. Crown Point, IN 46307		Legal Fees				\$19,407.00
Bank de Leon 228 9th Street West Palm Beach, FL 33401		UCC filing		\$72,500.00	\$194,331.00	\$72,500.00
Citi Bank Cards 701 E 60th Street IBS Cdv Disutes Sioux Falls, SD 57104		credit card				\$21,148.91
David Algozine 2000 North LaFayette Court Griffith, IN 46319		advances made to the Debtor for Payroll				\$71,900.00
E.E. Bailey 741 W. 115th St Chicago, IL 60628		materail supplier				\$24,706.00
Gilco Scaffolding Co. LLC 515 Jarvis Ave. Des Plaines, IL 60018		All Tools, Equipment, Vehicles and Office Materials used in conducting business for Debtor.		\$114,474.00	\$194,331.00	\$114,474.00
Glenrock supply 200 W. Wrightwood Ave Elmhurst, IL 60126		material supplier				\$25,446.00

Debtor **Algozine Masonry Restoration, 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
Indiana Department of Revenue Indiana Government Center North Indianapolis, IN 46204		Withholding taxes				\$18,995.99
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346		All of the Debtor property		\$334,445.54	\$194,331.00	\$334,445.54
Kabbage Lending 925B Peachtree Street NE, Suit 1688 Atlanta, GA 30309				\$43,107.00	\$194,331.00	\$43,107.00
Local 21 Bricklayers IL 660 N. Industrial Drive Elmhurst, IL 60126		Obligation pursuant to collective bargaining agreement				Unknown
Local 52 Tuckpointers 660 N. Industrial Drive Elmhurst, IL 60126		Obligations pursuant to collective bargaining agreement				Unknown
Local 6 Bricklayers IN 7985 Marshall St Merrillville, IN 46410		Obligation pursuant to collective bargaining agreement				Unknown
Michael Lopez 1322 Pennsbury Lane, Aurora, IL 60502		loan				\$113,322.00
Midwest Pressure Washing 115 S. Rensselaer St., Griffith, IN 46319		pressure washing				\$40,000.00
Platinum Rapid Funding 348 RXR Plaza Uniondale, NY 11556		UCC filing all assets of the Debtor		\$113,000.00	\$194,331.00	\$113,000.00
Ridgestone Bank 13925 W. North Ave. Brookfield, WI 53005		UCC filing, all assets of Debtor, all equipment, fixtures,. Also loan is secured with the property located 2000 North LaFayette Court, Griffith, owned b		\$1,069,377.90	\$194,331.00	\$875,046.90

Debtor **Algozine Masonry Restoration, 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
Sheetz Loan 1101 Domke Drive, Valparaiso, IN 46383				<b>\$90,000.00</b>	<b>\$194,331.00</b>	<b>\$90,000.00</b>
Snap Financial 136 E. South Temple, Suite 2420 Salt Lake City, UT 84111		<b>All of Debtor Property</b>		<b>\$256,946.00</b>	<b>\$194,331.00</b>	<b>\$256,946.00</b>



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Debtor name Algozine Masonry Restoration, 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. <b>Schedule A/B: Assets-Real and Personal Property</b> (Official Form 206A/B)	
1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>217,951.57</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>217,951.57</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>2,156,800.44</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>468,701.99</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>483,974.69</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>3,109,477.12</u>

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

Debtor name Algozine Masonry Restoration, 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**

3.	Checking, savings, money market, or financial brokerage accounts (Identify all)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	Peoples Bank - checking General	checking	1396	\$236.76
3.2.	Peoples Bank payroll account		1388	\$70.40
3.3.	Centier Bank- General	checking	9283	\$1,687.38
3.4.	Centier Payroll	checking	7081	\$106.35
3.5.	First Midwest Operating General account	checking	4634	\$634.62
3.6.	First Midwest payroll Account	checking	4640	\$2,500.00

4. Other cash equivalents (Identify all)

Debtor Algozine Masonry Restoration, Inc.  
Name

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

5. **Total of Part 1.**

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

<u>\$5,235.51</u>
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**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: 12,633.30 - 0.00 = .... \$12,633.30  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 12,633.30 - 0.00 = .... \$12,633.30  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 14,318.46 - 0.00 = .... \$14,318.46  
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.

<u>\$39,585.06</u>
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**Part 4: Investments**

13. Does the debtor own any investments?

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

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

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

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

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials stainless steels anchors, caulk, flashing materials,		\$0.00	Replacement	\$10,000.00
See Exhibit 1 to Schedule B for list of Materials		\$0.00	Liquidation	\$10,592.50

Debtor Algozine Masonry Restoration, Inc.  
Name

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

- 20. **Work in progress**
- 21. **Finished goods, including goods held for resale**
- 22. **Other inventory or supplies**

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

<b>\$20,592.50</b>
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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.

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> <b>4 Sectional Desk units</b>	<b>\$0.00</b>	<b>Replacement</b>	<b>\$1,200.00</b>
<b>3 Office Credenza</b>	<b>\$0.00</b>	<b>Replacement</b>	<b>\$450.00</b>
<b>5 File cabinets</b>	<b>\$0.00</b>	<b>Replacement</b>	<b>\$100.00</b>
<b>1 Conference table</b>	<b>\$0.00</b>	<b>Replacement</b>	<b>\$50.00</b>
<b>15 Office Chairs</b>	<b>\$0.00</b>	<b>Replacement</b>	<b>\$300.00</b>
<b>5 Computers and Printers</b>	<b>\$0.00</b>	<b>Liquidation</b>	<b>\$250.00</b>
<b>1 Computer Server</b>	<b>\$0.00</b>	<b>Liquidation</b>	
<b>1 Copier</b>	<b>\$0.00</b>	<b>Liquidation</b>	<b>\$50.00</b>

40. **Office fixtures**

Debtor Algozine Masonry Restoration, Inc.  
Name

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

41. **Office equipment, including all computer equipment and communication systems equipment and software**

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

43. **Total of Part 7.**

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

<b>\$2,500.00</b>
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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

**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
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1. <b>2007 Chevy Tahoe</b> <u>1GNFK13087R200885 190,000 Miles</u>	<u>\$0.00</u>	<u>Replacement</u>	<u>\$6,000.00</u>
47.2. <b>2000 Chevy Crew Cab</b> 198,000 Miles <u>VIN: 1GBGC33R5YF504509</u>	<u>\$0.00</u>	<u>Replacement</u>	<u>\$1,500.00</u>
47.3. <b>1995 Chevy Dump truck</b> 203,000 miles <u>VIN: 1GBJC34K0SE131366</u>	<u>\$0.00</u>	<u>Replacement</u>	<u>\$1,500.00</u>
47.4. <b>2015 GMC Acadia (Lease)</b> 16,500 miles No cash value 403.09 for 16 month remaining <u>VIN: 1GKKVPKD0FJ207417</u>	<u>Unknown</u>	<u>Appraisal</u>	<u>Unknown</u>
48. <b>Watercraft, trailers, motors, and related accessories</b> <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. <b>Aircraft and accessories</b>			
50. <b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> <b>Machinery used in Tuck pointing construction. List is to numerous and is listed as Exhibit 2, to this schedule.</b>	<u>\$0.00</u>	<u>Liquidation</u>	<u>\$141,038.50</u>

51. **Total of Part 8.**

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

<b>\$150,038.50</b>
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Debtor Algozine Masonry Restoration, Inc.  
Name

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

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

- No  
 Yes

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

- No  
 Yes

**Part 9: Real property**

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

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

**Part 10: Intangibles and intellectual property**

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

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

**Part 11: All other assets**

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 Algozine Masonry Restoration, 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. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$5,235.51</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$39,585.06</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$20,592.50</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$2,500.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$150,038.50</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$217,951.57</u>	+ 91b. <span style="border: 1px solid black; padding: 2px;"><u>\$0.00</u></span>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$217,951.57</u>

## Materials Inventory List

12/31/15

<b>Materials:</b>	unit price		
Brick	\$100.00	12 cubes	\$1,200.00
Glazed Brick	\$120.00	1 cubes	\$120.00
Spec Mix	\$120.00	4 Pallets	\$480.00
<b>Stainless Steel</b>			
Straps	\$10.00	60	\$600.00
Anchors	\$5.00	250	\$1,250.00
Coping Channel	\$10.00	100 feet	\$1,000.00
ladder wire	\$0.25	450 feet	\$112.50
Rod	\$5.00	200 feet	\$1,000.00
<b>Flashing</b>	\$5.00	200 feet	\$1,000.00
<b>End Dam</b>	\$5.00	15	\$75.00
<b>Tapcon Anchors</b>	\$5.00	10 boxes	\$50.00
<b>Tapcon Drill Bits</b>	\$5.00	20	\$100.00
<b>Hilti Tapcons</b>	\$8.00	10	\$80.00
<b>Resin Cup grindrs</b>	\$10.00	15	\$150.00
<b>Drip Edge</b>	\$1.00	200 feet	\$200.00
<b>Caulk</b>			
Dow Corning	\$1.00	80 tubes	\$80.00
Basf NP1	\$1.00	75 tubes	\$75.00
Basf NP sausage	\$2.00	35 tubes	\$70.00
Jahn Mortar Repair	\$50.00	7 buckets	\$350.00
Epoxy			\$0.00
Sonneborn	\$1.00	120 tubes	\$120.00
Sonneborn MP2 (b)	\$10.00	12 buckets	\$120.00
<b>Blades</b>			
Pearl Diamond	\$10.00	15	\$150.00
Pearl Sandwich	\$15.00	20	\$300.00
Steel toe clips	\$1.00	200 clips	\$200.00
Steel Angle	\$2.00	450 feet	\$900.00
Limestone Pieces	\$15.00	14 stones	\$210.00
Misc wood	\$100.00	6 bundle	\$600.00
<b>Total:</b>			\$10,592.50



2015 Physical Inventory

Equipment  
12/31/2015

Pressure Washers						
Type	Serial Number			Model #	Value	
2 GC190	1019920453			20303	\$100.00	
3 GC190	1018417604			20303	\$100.00	
4 Shark	S0902-34258			66DX3561I	\$100.00	
5 Shark	S0902-32128			??	\$100.00	
6 ??	SMR 36645			66DX3561I	\$100.00	
7 B&S				cw-400403v0		\$100.00
Torpedo Heaters						
1 Ruddy	Need AMR #'s			DFA75T	\$50.00	
2 Ruddy	Need AMR #'s			DFA75T	\$50.00	
3 Ruddy	Need AMR #'s			DFA75T	\$50.00	
4 Ruddy	Need AMR #'s			DFA75T	\$50.00	
5 Ruddy	Need AMR #'s			DFA75T	\$50.00	
6 Ruddy	Need AMR #'s			DFA75T	\$50.00	
7 Ruddy	Need AMR #'s			DFA75T	\$50.00	
1 Dayton	Need AMR #'s			3VE50	\$80.00	
2 Dayton	Need AMR #'s			3VE51	\$80.00	
3 Dayton	Need AMR #'s			3VE52	\$80.00	
4 Dayton	Need AMR #'s			3VE53	\$80.00	
5 Dayton	Need AMR #'s			3VE54	\$80.00	
Welders						
2 Miller	KH364169			Blue Fire 180		\$200.00
3 Miller	N/A			Blue Star 6000		\$200.00
4 Lincoln	10158			Weld Power 125		\$200.00
5 Miller	ME 180897J			150 STL	\$200.00	
Generators						
2 Wen	09m17232			56551 - 5500 Watts		\$200.00
3 Wen	??			56551 - 5500 Watts		\$200.00

2015 Physical Inventory

Equipment

12/31/2015

	<b>Booster Boxes</b>						
	Skyclimber	9			<b>126-277-6</b>		\$180.00
	<b>Pig tails</b>						
		18					\$10.00
	<b>Step down boxes</b>						
		13					\$220.00
	<b>Power supply / divider</b>						
		12					\$20.00
	<b>Scaffold Motors</b>						
1	Skyclimber		688325				\$0.00
2	Skyclimber		689082				\$1,500.00
3	Skyclimber		689113				\$1,500.00
4	Skyclimber		688127				\$1,500.00
5	Skyclimber		688303				\$1,500.00
6	Skyclimber		688314				\$1,500.00
7	Skyclimber		688313				\$1,500.00
8	Skyclimber		14448a				\$1,500.00
9	Skyclimber		14447a				\$1,500.00
10	Skyclimber		688322				\$1,500.00
11	Skyclimber		144519				\$1,500.00
12	Skyclimber		144529				\$1,500.00
							\$16,500.00
1	Saturn		18248				\$1,500.00
2	Saturn		6366				\$1,500.00
3	Saturn		23256				\$1,500.00
5	Saturn		8253				\$1,500.00
6	Saturn		8287				\$1,500.00
7	Saturn		8290				\$1,500.00
8	Saturn		8289				\$1,500.00
							\$10,500.00
	<b>Hoist Motors</b>						
1	Beta		871637		New Yorker		\$400.00
2	Beta		872564		New Yorker		\$400.00
3	Beta		874154		New Yorker		\$400.00
4	Beta		872841		New Yorker		\$400.00
5	Beta		874155		New Yorker		\$400.00
6	Beta		872694		New Yorker		\$400.00



2015 Physical Inventory

Equipment  
12/31/2015

		4'		\$25.00	23			\$575.00
		2'		\$20.00	9			\$225.00
	outriggers							
		Planks		\$20.00	63			\$1,260.00
		Weights		\$25.00	8			\$200.00
	bails (Saturn)			\$65.00	16			\$1,040.00
	bails (Skyclimber)			\$65.00	12			\$780.00
	50lb weights			\$20.00	350			\$7,000.00
								\$54,326.00
	<b>Modular rigging</b>				<b>Quantity</b>			
	rails			\$120.00	20			\$2,400.00
	back rail poles			\$40.00	12			\$480.00
	platforms - full size			\$500.00	7			\$3,500.00
	platforms 1/2 size			\$400.00	2			\$800.00
	platforms - 1/4 size			\$300.00	5			\$1,500.00
	end rails			\$80.00	4			\$320.00
	pins			\$10.00	218			\$2,180.00
	bails (Skyclimber)			\$85.00	13			\$1,105.00
	corner mods			\$700.00	8			\$5,600.00
								\$17,885.00
					<b>Quantity</b>			
	<b>Stages</b>							
		32'		\$150.00	6			\$900.00
		28'		\$150.00	1			\$150.00
		24'		\$150.00	8			\$1,200.00
		20'		\$150.00	4			\$600.00
		16'		\$150.00	2			\$300.00
		14'		\$100.00	1			\$100.00
		12'		\$100.00	1			\$100.00
		10'		\$100.00	2			\$200.00
		8'		\$100.00	2			\$200.00
	Back rail uprights			\$10.00	102			\$1,020.00
	Back rails			\$10.00	12			\$120.00
	rollers			\$15.00	5			\$75.00
	rails for roof of canopy			\$10.00	34			\$340.00
	beam clamps			\$35.00	16			\$560.00
	power cords			\$100.00	80			\$8,000.00
	safety lines			\$20.00	49			\$980.00
	hanging cables			\$50.00	41			\$2,050.00





2015 Physical Inventory

Equipment

12/31/2015

Bosch	5"		38890000096	1775 E	\$15.00
Bosch	5"		57000601	1357	\$15.00
Bosch	5"		469000	1357	\$15.00
					\$75.00
<b>Grinder guard (size)</b>			<b>Serial #</b>	<b>Model #</b>	
	5"	11			\$5.00
<b>Circular saw</b>			<b>Serial #</b>	<b>Model #</b>	
Skill			89027	54580	\$5.00
Skill			891055	5480	\$5.00
Tool shop			121252	241-9853	\$5.00
Tool shop			130834	241-9853	\$5.00
Tool shop			140938	241-9853	\$5.00
Tool shop			140264	241-9853	\$5.00
Tool shop			120834	241-9853	\$5.00
Tool shop			100729	241-9853	\$5.00
Tool shop			121252	241-9853	\$5.00
Performax			3025736	241-0984	\$5.00
					\$50.00
<b>Drill</b>			<b>Serial #</b>	<b>Model #</b>	
Hitachi			c340415	D 13 VF	\$5.00
Hitachi			c 631106	D 13 VF	\$5.00
Toolshop			7419832		\$5.00
Toolshop			241 9932		\$5.00
Bosch			270001735	1191 VSR	\$5.00
Hilti			133849	TM 7511 VSR	\$5.00
Hilti			15 0000 021	TM 7511 VSR	\$5.00
Milwaukee			54 0000147		\$5.00
Toolshop				241 9934	\$5.00
Toolshop				241 9934	\$5.00
Rigid			0948 20254		\$5.00
					\$55.00
<b>Oscillators</b>			<b>Serial #</b>	<b>Model #</b>	
Fein			5408	FSC2 OQ	\$150.00
Fein				FSC2 OQ	\$150.00
Fein			72383609368	FSC2 OQ	\$150.00
Fein			72363609360	FSC2 OQ	\$150.00
Fein			5411	FSC2 OQ	\$150.00
Fein			2012 04 013412	FSC2 OQ	\$150.00
Fein			2012 10 007879	FSC2 OQ	\$150.00

2015 Physical Inventory

Equipment  
12/31/2015

	Fein			2012 04 013416	FSC2 OQ	\$150.00
	Fein			D19030	FSC2 OQ	\$150.00
	Fein			D15374	FSC2 OQ	\$150.00
	Fein			D15311	FSC2 OQ	\$150.00
	Fein			130000 128	FSC2 OQ	\$150.00
	Fein			D 19030	FSC2 OQ	\$150.00
	Fein				FSC2 OQ	\$150.00
	Fein				FSC2 OQ	\$150.00
	Fein			2011 08 0000	FSC2 OQ	\$150.00
						\$2,400.00
	<b>Yanzee Drill</b>					\$450.00
	<b>Dustless Vacs</b>					
1	Bosch			38700558	3931APB	\$120.00
2	Bosch			38700781	3931APB	\$120.00
						\$240.00
	<b>Mortar/Cement Mixers</b>					
1	IMER			866459	Workman II 350	\$500.00
2	IMER			866460	Workman II 350	\$500.00
3	IMER			???	Workman II 350	\$500.00
4	IMER			???	Workman II 350	\$500.00
	<b>Warehouse Fans</b>					
1	Dayton			902720		\$50.00
2	Dayton			E47479		\$50.00
3	Dayton			LR2459		\$50.00
4	Dayton			906269		\$50.00
	<b>Total Equipment:</b>					\$141,038.50



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

Debtor name Algozine Masonry Restoration, 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.

		Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<p><b>2.1 Arch Capital</b></p> <p><small>Creditor's Name</small></p> <p><b>106 Pearl Street, New York, NY 10005</b></p> <p><small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p><b>Date debt was incurred</b> <b>March 11, 2016</b> <b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b> <b>UCC Filing</b></p> <hr/> <p><b>Describe the lien</b> <b>UCC Lien</b></p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><b>\$62,950.00</b></p>	<p><b>\$194,331.00</b></p>
<p><b>2.2 Bank de Leon</b></p> <p><small>Creditor's Name</small></p> <p><b>228 9th Street West Palm Beach, FL 33401</b></p> <p><small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p><b>Date debt was incurred</b> <b>3/9/2016</b> <b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b> <b>UCC filing</b></p> <hr/> <p><b>Describe the lien</b> <b>UCC Lien</b></p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><b>\$72,500.00</b></p>	<p><b>\$194,331.00</b></p>

Debtor Algozine Masonry Restoration, Inc. Case number (if know) \_\_\_\_\_  
 Name

<p><b>2.3 Gilco Scaffolding Co. LLC</b>                  Creditor's Name  <b>515 Jarvis Ave.</b>  <b>Des Plaines, IL 60018</b>                  Creditor's mailing address                    Creditor's email address, if known    <b>Date debt was incurred</b>  <b>08/16/16</b>  <b>Last 4 digits of account number</b>    <b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien  <b>All Tools, Equipment, Vehicles and Office Materials used in conducting business for Debtor.</b>                  Describe the lien  <b>UCC Lien</b>                  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  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p><b>\$114,474.00</b></p>	<p><b>\$194,331.00</b></p>
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<p><b>2.4 Internal Revenue Service</b>                  Creditor's Name  <b>PO Box 7346</b>  <b>Philadelphia, PA</b>  <b>19101-7346</b>                  Creditor's mailing address                    Creditor's email address, if known    <b>Date debt was incurred</b>  <b>June 13, 2016</b>  <b>Last 4 digits of account number</b>    <b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien  <b>All of the Debtor property</b>                  Describe the lien  <b>Statutory Lien</b>                  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  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p><b>\$334,445.54</b></p>	<p><b>\$194,331.00</b></p>
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<p><b>2.5 Kabbage Lending</b>                  Creditor's Name  <b>925B Peachtree Street NE,</b>  <b>Suit 1688</b>  <b>Atlanta, GA 30309</b>                  Creditor's mailing address                    Creditor's email address, if known    <b>Date debt was incurred</b>  <b>12/1/2015</b>  <b>Last 4 digits of account number</b>    <b>Do multiple creditors have an interest in the same property?</b></p>	<p>Describe debtor's property that is subject to a lien                    Describe the lien  <b>UCC Lien</b>                  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</p>	<p><b>\$43,107.00</b></p>	<p><b>\$194,331.00</b></p>
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Debtor **Algozine Masonry Restoration, Inc.** Case number (if know) \_\_\_\_\_

Name

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

**2.6 Platinum Rapid Funding** Describe debtor's property that is subject to a lien **\$113,000.00** **\$194,331.00**

Creditor's Name

**UCC filing all assets of the Debtor**

**348 RXR Plaza  
 Uniondale, NY 11556**

Creditor's mailing address

**Describe the lien  
 UCC Lien**

**Is the creditor an insider or related party?**

Creditor's email address, if known

- No  
 Yes

**Is anyone else liable on this claim?**

**Date debt was incurred  
 04/07/16  
 Last 4 digits of account number**

- No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in the same property?**

- No  
 Yes. 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

**2.7 Ridgestone Bank** Describe debtor's property that is subject to a lien **\$1,069,377.90** **\$194,331.00**

Creditor's Name

**UCC filing, all assets of Debtor, all equipment, fixtures,. Also loan is secured with the property located 2000 North LaFayette Court, Griffth, owned by Co-Debtor Algozine Properties LLC.**

**13925 W. North Ave.  
 Brookfield, WI 53005**

Creditor's mailing address

**Describe the lien  
 UCC Lien**

**Is the creditor an insider or related party?**

Creditor's email address, if known

- No  
 Yes

**Is anyone else liable on this claim?**

**Date debt was incurred  
 09/30/2014  
 Last 4 digits of account number  
 1814**

- No  
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in the same property?**

- No  
 Yes. 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

**2.8 Sheetz Loan** Describe debtor's property that is subject to a lien **\$90,000.00** **\$194,331.00**

Creditor's Name

**1101 Domke Drive,  
 Valparaiso, IN 46383**

Creditor's mailing address

**Describe the lien  
 UCC Lien**

**Is the creditor an insider or related party?**

Creditor's email address, if known

- No  
 Yes

**Is anyone else liable on this claim?**

**Date debt was incurred**

- No

Debtor **Algozine Masonry Restoration, Inc.** Case number (if know) \_\_\_\_\_  
Name

**Last 4 digits of account number**  Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in the same property?**  
 No  
 Yes. 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

**2.9 Snap Financial**  
Creditor's Name  
**136 E. South Temple, Suite 2420**  
**Salt Lake City, UT 84111**  
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?**  
 No  
 Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien** **\$256,946.00** **\$194,331.00**  
**All of Debtor Property**

**Describe the lien**  
**UCC 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

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$2,156,800.44**

**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 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
<b>Karl T Ryan Attorney At law</b> <b>6502 West Field Blvd</b> <b>Indianapolis, IN 46220</b>	Line <u>2.9</u>	
<b>Micheal Wiess</b> <b>PO Box 1166</b> <b>Northbrook, IL 60062</b>	Line <u>2.3</u>	
<b>US Small Business Administration</b> <b>409 3rd St, SW</b> <b>Washington, DC 20416</b>	Line <u>2.7</u>	

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

Debtor name Algozine Masonry Restoration, 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
2.1	Priority creditor's name and mailing address <b>Illinois Department of Employment Security</b> <b>33 South State Street 10th Floor</b> <b>Chicago, IL 60603</b>	<b>\$15,428.00</b>	<b>\$15,428.00</b>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	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) (8)		
	Basis for the claim: <b>Unemployment taxes</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Indiana Department of Revenue</b> <b>Indiana Government Center North</b> <b>Indianapolis, IN 46204</b>	<b>\$18,995.99</b>	<b>\$18,995.99</b>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	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) (8)		
	Basis for the claim: <b>Withholding taxes</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.3	Priority creditor's name and mailing address <b>Local 21 Bricklayers IL</b> <b>660 N. Industrial Drive</b> <b>Elmhurst, IL 60126</b>	<b>\$20,567.00</b>	<b>Unknown</b>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	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: <b>Obligation pursuant to collective bargaining agreement</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Algozine Masonry Restoration, Inc. Case number (if known) \_\_\_\_\_  
 Name

2.4	Priority creditor's name and mailing address <b>Local 52 Tuckpointers</b> <b>660 N. Industrial Drive</b> <b>Elmhurst, IL 60126</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$361,668.00</b>	<b>Unknown</b>
Date or dates debt was incurred _____		Basis for the claim: <b>Obligations pursuant of collective bargaining agreement</b>		
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		

2.5	Priority creditor's name and mailing address <b>Local 6 Bricklayers IN</b> <b>7985 Marshall St</b> <b>Merrillville, IN 46410</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$52,043.00</b>	<b>Unknown</b>
Date or dates debt was incurred _____		Basis for the claim: <b>Obligation pursuant to collective bargaining agreement</b>		
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		

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

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

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address <b>American Express</b> <b>P.O. Box 981537</b> <b>El Paso, TX 79998</b>  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>credit cards</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,154.20</b>	
3.2	Nonpriority creditor's name and mailing address <b>Austgen Kuiper Jasaitis</b> <b>130 N. Main St.</b> <b>Crown Point, IN 46307</b>  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>Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,407.00</b>	
3.3	Nonpriority creditor's name and mailing address <b>Business GPS Solutions</b> <b>183 Keith St., Suite 300</b> <b>Warrenton, VA 20186</b>  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>GPS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,041.00</b>	

Debtor Algozine Masonry Restoration, Inc. Case number (if known) \_\_\_\_\_  
Name

3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Citi Bank Cards</b> <b>701 E 60th Street</b> <b>IBS Cdv Disutes</b> <b>Sioux Falls, SD 57104</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,148.91</b>
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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>CitiCard</b> <b>P.O. Box 6325</b> <b>Sioux Falls, SD 57117</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,000.00</b>
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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Crown Brick</b> <b>820 Thomas St</b> <b>Crown Point, IN 46307</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>material supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,179.67</b>
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3.7	<b>Nonpriority creditor's name and mailing address</b> <b>CSA, INC</b> <b>110 Newton Bridge Rd # A</b> <b>Athens, GA 30607</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>collection account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,791.00</b>
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>David Algozine</b> <b>2000 North LaFayette Court</b> <b>Griffith, IN 46319</b>  Date(s) debt was incurred <u>2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>advances made to the Debtor for Payroll</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$71,900.00</b>
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3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Discover Card</b> <b>P.O. Box 30395</b> <b>Salt Lake City, UT 84130</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,500.00</b>
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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>E.E. Bailey</b> <b>741 W. 115th St</b> <b>Chicago, IL 60628</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>material supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,706.00</b>
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Earthlink</b> <b>250 E 96th St #580</b> <b>Indianapolis, IN 46240</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Telephone service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
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Debtor <b>Algozine Masonry Restoration, Inc.</b> Name		Case number (if known) _____	
3.12	Nonpriority creditor's name and mailing address <b>Glenrock supply</b> <b>200 W. Wrightwood Ave</b> <b>Elmhurst, IL 60126</b>  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: <b>material supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,446.00</b>
3.13	Nonpriority creditor's name and mailing address <b>Hilti</b> <b>135 W Diversey Ave</b> <b>Hillside, IL 60162</b>  Date(s) debt was incurred <b>2016</b> 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: <b>construction tools and materials</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,529.70</b>
3.14	Nonpriority creditor's name and mailing address <b>Illinois Sash Erectors</b> <b>2390 United Ln</b> <b>Prospect Heights, IL 60070</b>  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: <b>material supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,903.00</b>
3.15	Nonpriority creditor's name and mailing address <b>Joesph Algozine</b> <b>2000 North LaFayette Court</b> <b>Griffith, IN 46319</b>  Date(s) debt was incurred <b>2015</b> 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: <b>Payroll advances</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,000.00</b>
3.16	Nonpriority creditor's name and mailing address <b>Jones and Cleary Roofing/Sheet Meta</b> <b>6838 S South Chicago Ave</b> <b>Chicago, IL 60637</b>  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: <b>material supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
3.17	Nonpriority creditor's name and mailing address <b>Kropp Equipment</b> <b>1339 Yorkshire</b> <b>Streamwood, IL</b>  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: <b>equipment rental</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,549.00</b>
3.18	Nonpriority creditor's name and mailing address <b>Menards</b> <b>5101 Menard Drive Eau Claire</b> <b>Eau Claire, WI 54703</b>  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: <b>material and supplies</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,339.52</b>
3.19	Nonpriority creditor's name and mailing address <b>Michael Lopez</b> <b>1322 Pennsbury Lane,</b> <b>Aurora, IL 60502</b>  Date(s) debt was incurred <b>June 20, 2014</b> 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: <b>loan</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113,322.00</b>



Debtor	<b>Algozine Masonry Restoration, Inc.</b> Name	Case number (if known)	
3.20	Nonpriority creditor's name and mailing address <b>Midwest Pressure Washing</b> 115 S. Rensselaer St., Griffith, IN 46319  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>pressure washing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$40,000.00</u>
3.21	Nonpriority creditor's name and mailing address <b>NSI Wireless</b> 52613 JACKIE LANE SOUTH BEND, IN 46637  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>internet</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,765.00</u>
3.22	Nonpriority creditor's name and mailing address <b>Stone Mountain</b> 4029 May Street Hillside, IL 60162  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>material supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,282.00</u>
3.23	Nonpriority creditor's name and mailing address <b>Sunbelt rentals</b> 3995 Commercial Northbrook, IL 60062  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>rental equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,900.00</u>
3.24	Nonpriority creditor's name and mailing address <b>Todd Miller</b> Allocco, Miller & Cahill, P.C. 20 N. Wacker Drive Chicago, IL 60606  Date(s) debt was incurred <u>2016</u> 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>Attorneys fees for representation in ERISA matter</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
3.25	Nonpriority creditor's name and mailing address <b>Tri State Brick</b> 10333 Vans Drive Frankfort, IL 60423  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>Material supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,180.00</u>
3.26	Nonpriority creditor's name and mailing address <b>Tri State Cut Stone</b> 10333 Vans Dr Frankfort, IL 60423  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>material supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,643.00</u>
3.27	Nonpriority creditor's name and mailing address <b>Verizon Wireless Bankruptcy Administrati</b> 500 Technology Drive Suite 550 Saint Charles, MO 63304  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>mobile phones</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$736.69</u>

Debtor Algozine Masonry Restoration, Inc. Case number (if known) \_\_\_\_\_  
Name

3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Waste Management</b> <b>1001 Fannin Street</b> <b>Houston, TX 77002</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>waste disposal</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,951.00</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

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

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

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Alex Moglia</b> <b>As Trustee of EE Bailey</b> <b>1325 Remington Rd # H</b> <b>Schaumburg, IL 60173</b>	Line <u>3.10</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Cecilia M. Scanlon</b> <b>Baum Sigman Auerbach &amp; Neuman, Ltd.</b> <b>200 West Adams Suite 2200</b> <b>Chicago, IL 60606</b>	Line <u>2.4</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>JOEL E RABB</b> <b>3550 N LAKESHRE1117</b> <b>Chicago, IL 60657</b>	Line <u>3.22</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Paul Berkowitz,</b> <b>123 West Madison Suite 600</b> <b>Chicago, IL 60602</b>	Line <u>2.5</u>  <input type="checkbox"/> Not listed. Explain _____	—

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

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

		<b>Total of claim amounts</b>	
5a. Total claims from Part 1	\$	<b>468,701.99</b>	
5b. Total claims from Part 2	+	<b>483,974.69</b>	
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	\$	<b>952,676.68</b>	

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

Debtor name Algozine Masonry Restoration, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA

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

Check if this is an amended filing

Official Form 206G

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

12/15

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

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

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

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

2.1. State what the contract or lease is for and the nature of the debtor's interest **Contract for Masonry work Total contract value of \$163,477**

State the term remaining

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

**1350 N Astor Cooperative Apartments  
1350 N Astor  
Chicago, IL 60601**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Masonry Repair Contract for a total vaLue of \$3,000**

State the term remaining

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

**1500 N Astor Condo Association  
1500 N Astor  
Chicago, IL 60601**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Masonry Repair Contract for a total vaLue of \$ 69,960**

State the term remaining

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

**227 E Walton Condo Association  
227 E Walton  
Chicago, IL 60623**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Masonry Repair Contract \$ 130,644**

State the term remaining

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

**300 W Grand Condo Association  
300 W Grand, Chicago, IL  
Chicago, IL 60621**

Debtor 1 **Algozine Masonry Restoration, 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 **Masonry Repair Contract for a total value of \$3,000**

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

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

**Advocate Illinois Masonic Medical Center  
836 W Wellington Ave  
Chicago, IL 60602**

2.6. State what the contract or lease is for and the nature of the debtor's interest **2000 North LaFayette Court, Griffith, Indiana 46319- warehouse and office space. Triple net lease of \$7,300 per month**

State the term remaining **15 Year lease**

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

**Algozine Properties LLC  
200 North Lafayette Court  
Griffith, IN 46319**

2.7. State what the contract or lease is for and the nature of the debtor's interest **39 month auto lease \$409.09 for 2015 GMAC Arcadia**

State the term remaining **16 months**

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

**Ally Financial  
P.O. Box 380901  
Minneapolis, MN 55438**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Masonry repair contract for a total value of \$129,980.00**

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

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

**Lake County, IN Fair Grounds  
South Court St  
Crown Point, IN**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Masonry repair contract for a total value \$ 389,662**

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

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

**St Lukes Limited Dividend Partnership  
Lake Vista Church  
1450 S Indiana St  
Chicago, IL 60623**

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

Debtor name Algozine Masonry Restoration, 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: 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 ALGOZINE PROPERTIES, LLC	2000 N Lafayette Ct Griffith, IN 46319 This Loan is secured by the property located at 2000 N Lafayette Ct, Griffith, Indiana. The Buildings currently listed for sale for \$975,000. The Broker price opinion is the building may sell for \$850,000-\$950,000.	Ridgestone Bank	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 David Algozine	2000 North LaFayette Court Griffith, IN 46319	Local 52 Tuckpointers	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 David Algozine	2000 North LaFayette Court Griffith, IN 46319	Ridgestone Bank	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 Joseph T. Algozine	2000 North LaFayette Court Griffith, IN 46319	Snap Financial	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Algozine Masonry Restoration, Inc.

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

**Additional Page to List More Codebtors**

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

Column 1: Codebtor

Column 2: Creditor

2.5	<b>Joseph T. Algozine</b>	<b>2000 North LaFayette Court Griffith, IN 46319</b>	<b>Ridgestone Bank</b>	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.6	<b>David Algozine</b>	<b>2000 North LaFayette Court Griffith, IN 46319</b>	<b>Ally Financial</b>	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
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**Fill in this information to identify the case:**

Debtor name Algozine Masonry Restoration, Inc.  
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA  
 Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 207**

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

04/16

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

**Part 1: Income**

**1. Gross revenue from business**

None.

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

**Sources of revenue**  
Check all that apply

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

**From the beginning of the fiscal year to filing date:**  
From 1/01/2016 to **Filing Date**

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

\$1,498,784.61

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

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

\$2,776,423.00

**For year before that:**  
From 1/01/2014 to 12/31/2014

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

\$3,161,828.00

**2. Non-business revenue**

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

None.

**Description of sources of revenue**

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

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

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

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

None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

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

Debtor Algozine Masonry Restoration, 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. Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	8/5/16	\$8,793.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>941 Taxes</u>
3.2. First Insurance Funding 450 Skokie Boulevard, Suite 1000 Northbrook, IL 60062	8/8/2016	\$18,002.41	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.3. Bauer Latza Studio	8/8/2016	\$9,300.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.4. Local 52 Tuckpointers 660 N. Industrial Drive Elmhurst, IL 60126	08/10/16	\$20,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.5. Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	08/12/16	\$9,113.96	<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>941 taxes</u>
3.6. Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	08/19/16	\$7,211.08	<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>941 taxes</u>
3.7. Ridgestone Bank 13925 W. North Ave. Brookfield, WI 53005	08/23/16	\$10,992.82	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.8. Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	08/26/16	\$7,647.44	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>941 taxes</u>
3.9. Local 52 Tuckpointers 660 N. Industrial Drive Elmhurst, IL 60126	08/30/16	\$41,154.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__



Debtor **Algozine Masonry Restoration, 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>
3.10 <b>Local 52 Tuckpointers 660 N. Industrial Drive Elmhurst, IL 60126</b>	<b>08/30/16</b>	<b>\$8,845.32</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 <b>Local 6 Bricklayers IN 7985 Marshall St Merrillville, IN 46410</b>	<b>9/9/16</b>	<b>\$8,850.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.12 <b>First Insurance Funding 450 Skokie Blvd Northbrook, IL 60062</b>	<b>9/8/16</b>	<b>\$16,326.31</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input checked="" type="checkbox"/> Other__
3.13 <b>Ridgestone Bank 13925 W. North Ave. Brookfield, WI 53005</b>	<b>09/29/16</b>	<b>\$10,992.82</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.14 <b>First Insurance Funding</b>	<b>10/11/16</b>	<b>\$17,184.80</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

**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 co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>David Algozine 2000 North LaFayette Court Griffith, IN 46319 President</b>	<b>10/24/2016 7/28/2016 6/23/2016 6/2016 5/13/2016 1/25/2016 12/112015</b>	<b>\$18,053.99</b>	<b>Reimbursement for Health Insurance \$1,062.00</b> <b>Reimbursement for Health Insurance \$1,062.00</b> <b>Reimbursement for Health Insurance \$1,327.5</b> <b>Reimbursement for Brick Order \$774.99</b> <b>Reimbursement for Health Insurance \$1,327.50</b> <b>Reimburse for Payroll paid by David Algozine \$8,000.00</b> <b>Reimburse for Payroll paid by David Algozine \$4,500.00</b>

Debtor **Algozine Masonry Restoration, Inc.**Case number *(if known)* \_\_\_\_\_

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.2. Joseph T. Algozine 2000 North LaFayette Court Griffith, IN 46319 President	9/21/2016	\$25,000.00	Payment made to start a new payroll account to People Banks. Money deposited same day to People Bank Payroll account 1388 to pay payroll obligations of the Debtor.
4.3. Joseph T. Algozine 2000 North LaFayette Court Griffith, IN 46319 President	09/15/2016	\$1,200.00	Reimbursable expenses
4.4. Arch Capital 106 Pearl Street, New York, NY 10005 Co signed by David Algozine and Joseph Algozine	03/1 /2016 03/14/2016 03/15/2016 03/16/2016 03/17/2016 03/18/2016 03/21/2016 03/22/2016 03/23/2016 03/24/2016 03/25/2016 03/31 /2016 04/01/2016	\$32,510.00	loan payments

Debtor **Algozine Masonry Restoration, Inc.**Case number *(if known)*

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.5. <b>Platinum Rapid Funding</b> <b>348 RXR Plaza</b> <b>Uniondale, NY 11556</b> <b>Co signed by David Algozine and</b> <b>Joseph Algozine</b>	02/02/2016 02/03/2016 02/04/2016 02/05/2016 02/08/2016 02/09/2016 02/10/2016 02/11/2016 02/12/2016 02/16/2016 02/17/2016 02/18/2016 02/19/2016 02/22/2016 02/23/2016 02/24/2016 02/25/2016 02/26/2016 02/29/2016 03/01/2016 03/02/2016 03/03/2016 03/04/2016 03/07/2016 03/08/2016 03/09/2016 03/10/2016 03/11/2016 03/14/2016 03/15/2016 03/16/2016 03/17/2016 03/18/2016 03/21/2016 03/22/2016 03/23/2016 03/24/2016 03/25/2016 03/31/	<b>\$113,821.32</b>	loan payment

Debtor **Algozine Masonry Restoration, Inc.**

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

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.6. Snap Financial 136 E. South Temple, Suite 2420 Salt Lake City, UT 84111 David Algozine and Joseph Algozine	1/27/16	<b>\$252,699.00</b>	Loan repayment to Snap
	1/28/16		
	1/29/16		
	2/01/16		
	2/02/16		
	2/03/16		
	2/04/16		
	2/05/16		
	2/08/16		
	2/09/16		
	2/10/16		
	2/11/16		
	2/12/16		
	2/16/16		
	2/17/16		
	2/18/16		
	2/19/16		
	2/22/16		
	2/23/16		
	2/24/16		
	2/25/16		
	2/26/16		
	2/29/16		
	3/01/16		
	3/02/16		
	3/03/16		
	3/04/16		
	3/07/16		
3/08/16			
3/09/16			
3/10/16			
3/11/16			
3/14/16			
3/15/16			
3/16/16			
3/17/16			
3/18/2016			
3/21/2016			
3/31/16			
4/1/16			
4/5/16			
5/27/16			
5/31/16			
4.7. Kabbage Lending 925B Peachtree Street NE, Suit 1688 Atlanta, GA 30309 David Algozine and Joseph Algozine	12/03/2015 7 01/18/2016 02/18/2016 03/21/2016	<b>\$33,266.91</b>	loan repayments

Debtor **Algozine Masonry Restoration, Inc.**

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

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.8. <b>Business Financial Services, Inc.</b> 3111 N University Dr Ste 800 Pompano Beach, FL 33065 Co-signed Joseph Algozine and David Algozine	11/09/2015	<b>\$19,080.00</b>	<b>Loan payments to Business Financial Services</b>
	11/10/2015		
	11/12/2015		
	11/13/2015		
	11/16/2015		
	11/17/2015		
	11/18/2015		
	11/19/2015		
	11/20/2015		
	11/23/2015		
	11/24/2015		
	11/25/2015		
	11/27/2015		
	11/30/2015		
	12/02/2015		
	12/03/2015		
	12/04/2015		
12/07/2015			
12/08/2015			
12/09/2015			
4.9. <b>Business Financial Services, Inc.</b> 3111 N University Dr Ste 800 Pompano Beach, FL 33065 Co-signed by Joseph Algozine and David Algozine	11/09/2015	<b>\$0.00</b>	<b>Loan repayment short term loans</b>
	11/10/2015		
	11/12/2015		
	11/13/2015		
	11/16/2015		
	11/17/2015		
	11/18/2015		
	11/19/2015		
	11/20/2015		
	11/23/2015		
	11/24/2015		
	11/25/2015		
	11/27/2015		
	11/30/2015		
	12/01/2015		
	12/01/2015		
	12/02/2015		
	12/03/2015		
	12/04/2015		
	12/07/2015		
	12/08/2015		
12/09/2015			
12/10/2015			
12/11/2015			
12/14/2015			
12/15/2015			
12/16/2015			
12/17/2015			
12/18/2015			
12/21/2015			
12/22/2015			
12/23/2015			
12/24/2015			
12/28/2015			
12/29/15,			
12/30/15			

**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 **Algozine Masonry Restoration, Inc.**

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

 None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoff**

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.	Chicago Area Joint Welfare Committee for the Pointing, Cleaning and Caulking Industry, Local 52 et al v. Algozine Masonry Restoration Inc 16 MC 61	Registration of Foreign Judgment	Northern District Court of Indiana 5400 Federal Plaza Hammond	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Chicago Area Joint Welfare Committee for the Pointing, Cleaning and Caulking Industry, Local 52 et al v. Algozine Masonry Restoration, Inc :14-cv-05953	ERISA	Northern District Of Illinois 219 S Dearborn Vernon Hills, IL 60061	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	Bricklayers Union Local No. 6 of Indiana Pension Fund et al v. Algozine Masonry Restoration, Inc. 16-cv-00064	ERISA	Northern District Court of Indiana 5400 Federal Plaza Hammond	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Glenrock supply v Algozine Masonry Restoration, Inc 2016 AR 00289	breach of contract	18th Judicial District Wheaton 505 County Farm Road Wheaton, IL	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Platinum Rapid Funding v Algozine Masonry Restoration, Inc 603120- 2016	Breach of Contract	Supreme Court State of New York 100 Supreme Ct Dr Mineola, NY 11501	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	Snap Advance Financial LLC v. Algozine Masonry Restoration, Inc 49D11-1608-CC-028718	breach of Contract	Marion County Circuit and Superior Court 200 E Washington St # W122 Indianapolis, IN 46204	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Algozine Masonry Restoration, Inc. Case number (if known) \_\_\_\_\_

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.7.	<b>Gilco Scaffolding Co. LLC v Algozine Masonry Restoration Inc</b> 15 L 2977	<b>breach of Contract</b>	<b>Circuit Court of County 59 West Washington Chicago, IL 60602</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	<b>Crown Brick v Algozine Masonry Restoration Inc</b> 45D10-1506-CC-152	<b>Breach of Contract</b>	<b>Lake Superior Court 2293 N. Main Street Crown Point, IN</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

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

None

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

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

None

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

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

None

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

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

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

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. <b>Law Office of Allan Fridman</b> 555 Skokie Blvd 500 Northbrook, IL 60062	<b>Attorney Fees</b>	<b>11/2/16</b>	<b>\$14,000.00</b>
Email or website address <u>allan@fridlg.com</u>			
Who made the payment, if not debtor?			

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

Debtor **Algozine Masonry Restoration, Inc.**

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

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

None.

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

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

None.

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

**14. Previous addresses**

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

Does not apply

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

**15. Health Care bankruptcies**

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

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

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

**Part 9: Personally Identifiable Information**

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

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

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

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

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



Debtor **Algozine Masonry Restoration, Inc.**

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

**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
--	---------------------------------	-------------------------------	--	---

**19. Safe deposit boxes**

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

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	---	-----------------------------	-----------------------

**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
------------------------	----------------------------------	--------------------	----------------

**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?**

Debtor **Algozine Masonry Restoration, Inc.**

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

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

**Part 13: Details About the Debtor's Business or Connections to Any Business**

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

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

- None

Business name address	Describe the nature of the business	Employer Identification number <small>Do not include Social Security number or ITIN.</small>	Dates business existed
-----------------------	-------------------------------------	---	------------------------

**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. <b>Mark Rowley Roweley &amp; Company LLP</b> <b>409 West Kieffer Road</b> <b>Michigan City, IN 46360</b>	<b>Annual tax returns</b>

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

- None

Name and address	Date of service From-To
26b.1. <b>Local 21 Brick Layers</b> <b>Chicago, IL 60601</b>	

Name and address	Date of service From-To
26b.2. <b>Local 06 Indiana Brick Layers</b>	

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

- None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Mark Rowley Roweley &amp; Company LLP</b> <b>409 West Kieffer Road</b> <b>Michigan City, IN 46360</b>	

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.

Debtor **Algozine Masonry Restoration, Inc.**

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

None

Name and address \_\_\_\_\_

**27. Inventories**

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

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

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	David Algozine	10/17/2016	\$141,038.50 machinery 10,952.50 materials

Name and address of the person who has possession of inventory records  
**David Algozine**  
**2000 North LaFayette Court**  
**Griffith, IN 46319**

**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
David Algozine	2000 North Lafayette Court Griffith, IN 46319	Vice President	50
Joseph T Algozine	2000 North LaFayette Court Griffith, IN 46319	President Shareholder	50

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

No  
 Yes. Identify below.

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

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

No  
 Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	David Algozine 2000 North LaFayette Court Griffith, IN 46319	\$102,025.00 annual salary paid in weekly installments of \$1,925.00	Paid weekly	Salary
	Relationship to debtor Vice President			

Debtor Algozine Masonry Restoration, 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
30.2	<u>Joseph T. Algozine 2000 North LaFayette Court Griffith, IN 46319</u>	<u>\$102,025.00 annual salary paid in weekly installments of \$1,925.00</u>	<u>Paid Weekly</u>	<u>Salary</u>
	<u>Relationship to debtor President</u>			
30.3	<u>Joseph T. Algozine 2000 North LaFayette Court Griffith, IN 46319</u>	<u>\$5,345.70 payable at \$488.70 per month for car allowance</u>	<u>12/1/2015-10/1/16</u>	<u>Car allowance</u>
	<u>Relationship to debtor President</u>			

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

- No  
 Yes. Identify below.

Name of the parent corporation \_\_\_\_\_ Employer Identification number of the parent corporation \_\_\_\_\_

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

- No  
 Yes. Identify below.

Name of the parent corporation \_\_\_\_\_ Employer Identification number of the parent corporation \_\_\_\_\_

**Part 14: Signature and Declaration**

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

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

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

Executed on November 10, 2016

\_\_\_\_\_  
 Signature of individual signing on behalf of the debtor David A Algozine  
 Printed name

Position or relationship to debtor Vice 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  
Northern District of Indiana**

In re Algozine Masonry Restoration, 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 .....	\$	<u>14,000.00</u>
Prior to the filing of this statement I have received .....	\$	<u>14,000.00</u>
Balance Due .....	\$	<u>0.00</u>

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

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

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

**CERTIFICATION**

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

November 10, 2016  
Date

/s/ O. Allan Fridman  
**O. Allan Fridman 6274954**  
*Signature of Attorney*  
**Law Office of Allan Fridman**  
**555 Skokie Blvd 500**  
**Northbrook, IL 60062**  
**847-412-0788 Fax: 847-412-0898**  
allan@fridlg.com  
*Name of law firm*

**United States Bankruptcy Court  
Northern District of Indiana**

In re Algozine Masonry Restoration, 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
<b>David Algozine 2000 North LaFayette Court Griffith, IN 46319</b>	<b>Commn</b>	<b>455</b>	
<b>Joseph T. Algozine 2000 North LaFayette Court Griffith, IN 46319</b>	<b>common</b>	<b>455</b>	

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

I, the **Vice 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 November 10, 2016Signature /s/ David A Algozine  
David A Algozine

*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.*

(6/2010)

**United States Bankruptcy Court  
Northern District of Indiana**

In re Algozine Masonry Restoration, Inc.

Debtor(s)

Case No. \_\_\_\_\_

Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

The above-named debtor(s) verifies under penalty of perjury that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: November 10, 2016

/s/ David A Algozine

**David A Algozine/Vice President**

Signer/Title

ALEX MOGLIA  
AS TRUSTEE OF EE BAILEY  
1325 REMINGTON RD # H  
SCHAUMBURG, IL 60173

ALGOZINE PROPERTIES LLC  
200 NORTH LAFAYETTE COURT  
GRIFFITH, IN 46319

ALGOZINE PROPERTIES, LLC  
2000 N LAFAYETTE CT  
GRIFFITH, IN 46319

ALLY FINANCIAL  
P.O. BOX 380901  
MINNEAPOLIS, MN 55438

AMERICAN EXPRESS  
P.O. BOX 981537  
EL PASO, TX 79998

ARCH CAPITAL  
106 PEARL STREET,  
NEW YORK, NY 10005

AUSTGEN KUIPER JASAITIS  
130 N. MAIN ST.  
CROWN POINT, IN 46307

BANK DE LEON  
228 9TH STREET  
WEST PALM BEACH, FL 33401

BUSINESS GPS SOLUTIONS  
183 KEITH ST., SUITE 300  
WARRENTON, VA 20186



CECILIA M. SCANLON  
BAUM SIGMAN AUERBACH & NEUMAN, LTD.  
200 WEST ADAMS SUITE 2200  
CHICAGO, IL 60606

CITI BANK CARDS  
701 E 60TH STREET  
IBS CDV DISUTES  
SIOUX FALLS, SD 57104

CITICARD  
P.O. BOX 6325  
SIOUX FALLS, SD 57117

CROWN BRICK  
820 THOMAS ST  
CROWN POINT, IN 46307

CSA, INC  
110 NEWTON BRIDGE RD # A  
ATHENS, GA 30607

DAVID ALGOZINE  
2000 NORTH LAFAYETTE COURT  
GRIFFITH, IN 46319

DISCOVER CARD  
P.O. BOX 30395  
SALT LAKE CITY, UT 84130

E.E. BAILEY  
741 W. 115TH ST  
CHICAGO, IL 60628

EARTHLINK  
250 E 96TH ST #580  
INDIANAPOLIS, IN 46240

GILCO SCAFFOLDING CO. LLC  
515 JARVIS AVE.  
DES PLAINES, IL 60018

GLENROCK SUPPLY  
200 W. WRIGHTWOOD AVE  
ELMHURST, IL 60126

HILTI  
135 W DIVERSEY AVE  
HILLSIDE, IL 60162

ILLINOIS DEPARTMENT OF EMPLOYMENT  
SECURITY  
33 SOUTH STATE STREET 10TH FLOOR  
CHICAGO, IL 60603

ILLINOIS SASH ERECTORS  
2390 UNITED LN  
PROSPECT HEIGHTS, IL 60070

INDIANA DEPARTMENT OF REVENUE  
INDIANA GOVERNMENT CENTER NORTH  
INDIANAPOLIS, IN 46204

INTERNAL REVENUE SERVICE  
PO BOX 7346  
PHILADELPHIA, PA 19101-7346

JOEL E RABB  
3550 N LAKESHRE1117  
CHICAGO, IL 60657

JOESPH ALGOZINE  
2000 NORTH LAFAYETTE COURT  
GRIFFITH, IN 46319

JONES AND CLEARY ROOFING/SHEET META  
6838 S SOUTH CHICAGO AVE  
CHICAGO, IL 60637

JOSEPH T. ALGOZINE  
2000 NORTH LAFAYETTE COURT  
GRIFFITH, IN 46319

KABBAGE LENDING  
925B PEACHTREE STREET NE, SUIT 1688  
ATLANTA, GA 30309

KARL T RYAN ATTORNEY AT LAW  
6502 WEST FIELD BLVD  
INDIANAPOLIS, IN 46220

KROPP EQUIPMENT  
1339 YORKSHIRE  
STREAMWOOD, IL

LOCAL 21 BRICKLAYERS IL  
660 N. INDUSTRIAL DRIVE  
ELMHURST, IL 60126

LOCAL 52 TUCKPOINTERS  
660 N. INDUSTRIAL DRIVE  
ELMHURST, IL 60126

LOCAL 6 BRICKLAYERS IN  
7985 MARSHALL ST  
MERRILLVILLE, IN 46410

MENARDS  
5101 MENARD DRIVE EAU CLAIRE  
EAU CLAIRE, WI 54703

MICHAEL LOPEZ  
1322 PENNSBURY LANE,  
AURORA, IL 60502

MICHEAL WIESS  
PO BOX 1166  
NORTHBROOK, IL 60062

MIDWEST PRESSURE WASHING  
115 S. RENSSELAER ST.,  
GRIFFITH, IN 46319

NSI WIRELESS  
52613 JACKIE LANE  
SOUTH BEND, IN 46637

PAUL BERKOWITZ,  
123 WEST MADISON SUITE 600  
CHICAGO, IL 60602

PLATINUM RAPID FUNDING  
348 RXR PLAZA  
UNIONDALE, NY 11556

RIDGESTONE BANK  
13925 W. NORTH AVE.  
BROOKFIELD, WI 53005

SHEETZ LOAN  
1101 DOMKE DRIVE,  
VALPARAISO, IN 46383

SNAP FINANCIAL  
136 E. SOUTH TEMPLE, SUITE 2420  
SALT LAKE CITY, UT 84111

STONE MOUNTAIN  
4029 MAY STREET  
HILLSIDE, IL 60162

SUNBELT RENTALS  
3995 COMMERCIAL  
NORTHBROOK, IL 60062

TODD MILLER  
ALLOCCO, MILLER & CAHILL, P.C.  
20 N. WACKER DRIVE  
CHICAGO, IL 60606

TRI STATE BRICK  
10333 VANS DRIVE  
FRANKFORT, IL 60423

TRI STATE CUT STONE  
10333 VANS DR  
FRANKFORT, IL 60423

US SMALL BUSINESS ADMINISTRATION  
409 3RD ST, SW  
WASHINGTON, DC 20416

VERIZON WIRELESS BANKRUPTCY ADMINISTRATI  
500 TECHNOLOGY DRIVE  
SUITE 550  
SAINT CHARLES, MO 63304

WASTE MANAGEMENT  
1001 FANNIN STREET  
HOUSTON, TX 77002

**United States Bankruptcy Court  
Northern District of Indiana**

In re **Algozine Masonry Restoration, Inc.**

Debtor(s)

Case No. \_\_\_\_\_

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

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

None [*Check if applicable*]

**November 10, 2016**

Date

**/s/ O. Allan Fridman**

**O. Allan Fridman 6274954**

Signature of Attorney or Litigant

Counsel for **Algozine Masonry Restoration, Inc.**

**Law Office of Allan Fridman**

**555 Skokie Blvd 500**

**Northbrook, IL 60062**

**847-412-0788 Fax:847-412-0898**

**allan@fridlg.com**