

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF KANSAS

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 Sluss & Ray, LLC

2. All other names debtor used in the last 8 years DBA Amaco DBA C & M Empire, LLC DBA Aamcot, LLC DBA CCWRW, LLC

3. Debtor's federal Employer Identification Number (EIN) 46-5084437

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 703 N. West St. Wichita, KS 67203 Sedgwick County

5. Debtor's website (URL)

6. Type of debtor Corporation Partnership Other. Specify:

**7. Describe debtor's business**

A. Check one:

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

B. Check all that apply

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

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

\_\_\_\_\_

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

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

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

Chapter 12

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

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

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

- No
- Yes.

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

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

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

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

No

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

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

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

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

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

Other \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

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

14. Estimated number of creditors

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

15. Estimated Assets

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

16. Estimated liabilities

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

Debtor **Sluss & Ray, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

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

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  
I have been authorized to file this petition on behalf of the debtor.  
I have examined the information in this petition and have a reasonable belief that the information is true and correct.  
I declare under penalty of perjury that the foregoing is true and correct.  
Executed on **March 9, 2017**  
MM / DD / YYYY

**X /s/ Chad Raymond**  
Signature of authorized representative of debtor  
Title **Owner**

**Chad Raymond**  
Printed name

**18. Signature of attorney**

**X /s/ Edward J. Nazar**  
Signature of attorney for debtor

Date **March 9, 2017**  
MM / DD / YYYY

**Edward J. Nazar**  
Printed name

**Hinkle Law Firm LLC**  
Firm name

**301 N. Main, Suite 2000**  
**Wichita, KS 67202-4820**  
Number, Street, City, State & ZIP Code

Contact phone **316-267-2000** Email address

**09845**  
Bar number and State

# AAMCO Transmissions

## BALANCE SHEET

As of January 31, 2017

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
74542982 (2982)	0.00
Aamco Bank of America	28,421.98
Aamco Checking- 1801	-4,271.29
FRANCHISE FEE SAVINGS (4354)	477.74
SAVINGS (4346)	0.00
<b>Total Bank Accounts</b>	<b>\$24,628.43</b>
Accounts Receivable	
Z Sleep Receivable	200,000.00
<b>Total Accounts Receivable</b>	<b>\$200,000.00</b>
Other Current Assets	
Notes Receivable-ZSleep	0.00
Repayment	
Advance Repayment	-145.00
Auto Parts Repayment	0.00
Cell Phone	-73.38
Tire Repayment	0.00
<b>Total Repayment</b>	<b>-218.38</b>
Undeposited Funds	0.00
<b>Total Other Current Assets</b>	<b>\$ -218.38</b>
<b>Total Current Assets</b>	<b>\$224,410.05</b>
Fixed Assets	
Buildings	36,626.78
Furniture & Equipment	21,488.18
Machinery & Equipment	14,751.98
Vehicles	37,567.00
<b>Total Fixed Assets</b>	<b>\$110,433.94</b>
Other Assets	
Notes Receivable- CCWRW	28,800.00
<b>Total Other Assets</b>	<b>\$28,800.00</b>
<b>TOTAL ASSETS</b>	<b>\$363,643.99</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Credit Cards	
Emprise Visa Card x6180	0.00
<b>Total Credit Cards</b>	<b>\$0.00</b>
Other Current Liabilities	
Kansas Department of Revenue Payable	13,665.73
Loan Payable	229,664.86

	TOTAL
Loan Payable 4	0.00
Loans Payable	0.00
LOC EMPRISE-SBA	116,504.94
LOC EMPRISE-SBA-1	171.04
LOC-1	19,125.66
Notes Payable-Brend Inc	0.00
Notes Payable-Brends Inc	0.00
Payroll Liabilities	
Federal Taxes (941/944)	10,304.73
Federal Unemployment (940)	94.41
KS Income Tax	775.71
KS Unemployment Tax	0.00
<b>Total Payroll Liabilities</b>	<b>11,174.85</b>
<b>Total Other Current Liabilities</b>	<b>\$390,307.08</b>
<b>Total Current Liabilities</b>	<b>\$390,307.08</b>
Long-Term Liabilities	
Mortgage Payable	-2,933.46
Notes Payable	0.00
<b>Total Long-Term Liabilities</b>	<b>\$ -2,933.46</b>
<b>Total Liabilities</b>	<b>\$387,373.62</b>
Equity	
Chad Draw Account	-37,811.60
Opening Balance Equity	149,367.00
Owner's Equity- Chad	19,090.49
Owner's Equity- Mark	0.00
Owner's Equity- Steve	0.00
Partner Distributions	-38,629.50
Retained Earnings	-102,044.81
Steve Draw Account	0.00
Net Income	-13,701.21
<b>Total Equity</b>	<b>\$ -23,729.63</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$363,643.99</b>

# AAMCO Transmissions

## PROFIT AND LOSS

January 2017

	TOTAL
<b>INCOME</b>	
Sales of Product Income	66.63
Total Car Care Revenue	17,415.22
TCC Parts	44,204.38
<b>Total Total Car Care Revenue</b>	<b>61,619.60</b>
Uncategorized Income	50.00
<b>Total Income</b>	<b>\$61,736.23</b>
<b>COST OF GOODS SOLD</b>	
Fuel- COGS	42.00
Parts Expense	
TCC Parts	16,924.33
<b>Total Parts Expense</b>	<b>16,924.33</b>
<b>Total Cost of Goods Sold</b>	<b>\$16,966.33</b>
<b>GROSS PROFIT</b>	<b>\$44,769.90</b>
<b>EXPENSES</b>	
Dues & Subscriptions	183.95
Franchise Fees	11,115.85
Fuel Expense	223.98
Insurance- General	3,346.50
Legal & Professional Fees	8,101.35
Meals and Entertainment	632.83
Office Expenses	338.27
Payroll Expense	10,107.26
Rent or Lease	2,073.00
Repair & Maintenance	416.57
Security Expense	1,186.48
Shipping and delivery expense	9.07
Taxes & Licenses	10,924.31
Telephone/Internet Expense	971.31
Uncategorized Expense	100.00
Uniforms	400.00
Utilities	3,611.41
<b>Total Expenses</b>	<b>\$53,742.14</b>
<b>NET OPERATING INCOME</b>	<b>\$ -8,972.24</b>
<b>OTHER EXPENSES</b>	
Ask My Accountant	4,728.97
<b>Total Other Expenses</b>	<b>\$4,728.97</b>
<b>NET OTHER INCOME</b>	<b>\$ -4,728.97</b>
<b>NET INCOME</b>	<b>\$ -13,701.21</b>

## Small Business Cash Flow (Projection) Sluss & Ray, LLC

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	TOTAL
<b>CASH RECEIPTS</b>													
Cash sales	61,736	102,769	102,769	102,769	102,769	102,769	102,769	102,769	102,769	102,769	102,769	102,769	1,192,195
Returns and allowances	0	0	0	0	0	0	0	0	0	0	0	0	0
COGS	-16,966	-48,926	-48,926	-48,926	-48,926	-48,926	-48,926	-48,926	-48,926	-48,926	-48,926	-48,926	-555,152
Interest, other income													0
													0
													0
	44,770	53,843	53,843	53,843	53,843	53,843	53,843	53,843	53,843	53,843	53,843	53,843	637,043
<b>CASH PAID OUT</b>													
Accounting/Book Keeping	0	0	0	0	0	0	0	0	0	0	0	0	0
Advertising	0	3,573	3,573	3,573	3,573	3,573	3,573	3,573	3,573	3,573	3,573	3,573	39,303
Bank Charges	0	2,055	2,055	2,055	2,055	2,055	2,055	2,055	2,055	2,055	2,055	2,055	22,605
Cell Phone	0	0	0	0	0	0	0	0	0	0	0	0	0
Commissions & Fees	0	0	0	0	0	0	0	0	0	0	0	0	0
Contract Labor	0	0	0	0	0	0	0	0	0	0	0	0	0
Credit Card Merchant Fees	0	0	0	0	0	0	0	0	0	0	0	0	0
Dues & Subscriptions	184	660	660	660	660	660	660	660	660	660	660	660	7,444
Equipment Rental	0	0	0	0	0	0	0	0	0	0	0	0	0
Franchise Fees	11,116	6,166	6,166	6,166	6,166	6,166	6,166	6,166	6,166	6,166	6,166	6,166	78,942
Fuel Expense	224	750	750	750	750	750	750	750	750	750	750	750	8,474
Insurance - General	3,347	0	0	0	0	0	0	0	0	0	0	0	3,347
Insurance - Auto	0	0	0	0	0	0	0	0	0	0	0	0	0
Insurance - Life	0	0	0	0	0	0	0	0	0	0	0	0	0
Legal & Professional Fees	8,101	600	600	600	600	600	600	600	600	600	600	600	14,701
Meals and entertainment	633	0	0	0	0	0	0	0	0	0	0	0	633
Office expense	338	890	890	890	890	890	890	890	890	890	890	890	10,128
Payroll Expense	10,107	3,910	3,910	3,910	3,910	3,910	3,910	3,910	3,910	3,910	3,910	3,910	53,117
Payroll Taxes	0	2,782	2,782	2,782	2,782	2,782	2,782	2,782	2,782	2,782	2,782	2,782	30,602
Rent or Lease	2,073	6,806	6,806	6,806	6,806	6,806	6,806	6,806	6,806	6,806	6,806	6,806	76,939
Repairs and maintenance	417	450	450	450	450	450	450	450	450	450	450	450	5,367
Security Expense	1,186	106	106	106	106	106	106	106	106	106	106	106	2,352
Shipping and delivery expense	9	0	0	0	0	0	0	0	0	0	0	0	9
Shop Supplies	0	1,644	1,644	1,644	1,644	1,644	1,644	1,644	1,644	1,644	1,644	1,644	18,084
Taxes and licenses	10,924	0	0	0	0	0	0	0	0	0	0	0	10,924
Telephone./Internet Expense	971	1,056	1,056	1,056	1,056	1,056	1,056	1,056	1,056	1,056	1,056	1,056	12,587
Towing Expense	0	1,028	1,028	1,028	1,028	1,028	1,028	1,028	1,028	1,028	1,028	1,028	11,308
Misc Expenses	100	1,230	1,230	1,230	1,230	1,230	1,230	1,230	1,230	1,230	1,230	1,230	13,630
Uniform	400												400
Utilities	3,611	1,645	1,645	1,645	1,645	1,645	1,645	1,645	1,645	1,645	1,645	1,645	21,706
<b>SUBTOTAL</b>	<b>53,742</b>	<b>35,351</b>	<b>35,351</b>	<b>35,351</b>	<b>35,351</b>	<b>35,351</b>	<b>35,351</b>	<b>35,351</b>	<b>35,351</b>	<b>35,351</b>	<b>35,351</b>	<b>35,351</b>	<b>442,603</b>
Ask my Accountant	4,729	0											4,729
Capital purchases													0
													0
													0
Owners' withdrawal													0
<b>NET INCOME</b>	<b>-13,701</b>	<b>18,492</b>	<b>18,492</b>	<b>18,492</b>	<b>18,492</b>	<b>18,492</b>	<b>18,492</b>	<b>18,492</b>	<b>18,492</b>	<b>18,492</b>	<b>18,492</b>	<b>18,492</b>	<b>189,711</b>
<b>OTHER OPERATING DATA</b>													
Sales volume (dollars)													
Accounts receivable balance													
Bad debt balance													
Inventory on hand													
Accounts payable balance													
Depreciation													



**U.S. Return of Partnership Income**

For calendar year 2015, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_  
 ▶ Information about Form 1065 and its separate instructions is at [www.irs.gov/form1065](http://www.irs.gov/form1065).

**2015**

<b>A</b> Principal business activity <i>Transmission Repair Auto</i>	<b>Type or Print</b>	Name of partnership <b>Sluss &amp; Ray LLC</b> <b>Aamco Transmissions</b>	<b>D</b> Employer identification number
<b>B</b> Principal product or service <i>Auto Repair Shop</i>		Number, street, and room or suite no. If a P.O. box, see the instructions. <b>703 N West St</b>	<b>E</b> Date business started <b>06/01/2014</b>
<b>C</b> Business code number <b>811190</b>		City or town, state or province, country, and ZIP or foreign postal code <b>Wichita, KS 67203</b>	<b>F</b> Total assets (see the instructions) <b>\$ 10,884.</b>

**G** Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return  
 (6)  Technical termination - also check (1) or (2)

**H** Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶ \_\_\_\_\_

**I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **3**

**J** Check if Schedules C and M-3 are attached . . . . .

**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

<b>Income</b>	1a Gross receipts or sales . . . . .	<b>1a</b>	<b>457,104.</b>		
	b Returns and allowances . . . . .	<b>1b</b>			
	c Balance. Subtract line 1b from line 1a . . . . .	<b>1c</b>	<b>457,104.</b>		
	2 Cost of goods sold (attach Form 1125-A) . . . . .	<b>2</b>	<b>187,499.</b>		
	3 Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>	<b>269,605.</b>		
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) . . . . .	<b>4</b>			
	5 Net farm profit (loss) (attach Schedule F (Form 1040)) . . . . .	<b>5</b>			
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) . . . . .	<b>6</b>			
7 Other income (loss) (attach statement) . . . . .	<b>7</b>				
8 <b>Total income (loss).</b> Combine lines 3 through 7 . . . . .	<b>8</b>		<b>269,605.</b>		
<b>Deductions</b> <small>(see the instructions for limitations)</small>	9 Salaries and wages (other than to partners) (less employment credits) . . . . .	<b>9</b>	<b>106,727.</b>		
	10 Guaranteed payments to partners . . . . .	<b>10</b>	<b>5,932.</b>		
	11 Repairs and maintenance . . . . .	<b>11</b>	<b>1,027.</b>		
	12 Bad debts . . . . .	<b>12</b>			
	13 Rent . . . . .	<b>13</b>	<b>32,885.</b>		
	14 Taxes and licenses . . . . .	<b>14</b>	<b>23,972.</b>		
	15 Interest . . . . .	<b>15</b>			
	16a Depreciation (if required, attach Form 4562) . . . . .	<b>16a</b>			
	b Less depreciation reported on Form 1125-A and elsewhere on return . . . . .	<b>16b</b>		<b>16c</b>	
	17 Depletion ( <b>Do not deduct oil and gas depletion.</b> ) . . . . .	<b>17</b>			
	18 Retirement plans, etc. . . . .	<b>18</b>			
	19 Employee benefit programs . . . . .	<b>19</b>			
	20 Other deductions (attach statement) . . . . .	<b>20</b>	<b>107,848.</b>		
	21 <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20 . . . . .	<b>21</b>	<b>278,391.</b>		
22 <b>Ordinary business income (loss).</b> Subtract line 21 from line 8 . . . . .	<b>22</b>		<b>-8,786.</b>		

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
 Signature of general partner or limited liability company member manager Date

May the IRS discuss this return with the preparer shown below (see inst.)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ _____	Firm's EIN ▶ _____			
Firm's address ▶ _____	Phone no. _____			

For Paperwork Reduction Act Notice, see separate instructions.  
 UYA

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:
a Domestic general partnership
c [X] Domestic limited liability company
e Foreign partnership
b Domestic limited partnership
d Domestic limited liability partnership
f Other

2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? X

3 At the end of the tax year:
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? X

4 At the end of the tax year, did the partnership:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? X

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? X

Table with 5 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Type of Entity, (iv) Country of Organization, (v) Maximum Percentage Owned in Profit, Loss, or Capital

5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? X

6 Does the partnership satisfy all four of the following conditions?
a The partnership's total receipts for the tax year were less than \$250,000.
b The partnership's total assets at the end of the tax year were less than \$1 million.
c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.
d The partnership is not filing and is not required to file Schedule M-3. X

7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)? X

8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? X

9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? X

10 At any time during calendar year 2015, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X

**Schedule B Other Information (continued)**

	Yes	No
<b>11</b> At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions . . . . .		<b>X</b>
<b>12a</b> Is the partnership making, or had it previously made (and not revoked), a section 754 election? . . . . . See instructions for details regarding a section 754 election.		<b>X</b>
<b>b</b> Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .		<b>X</b>
<b>c</b> Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .		<b>X</b>
<b>13</b> Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year). . . . . <input type="checkbox"/>		
<b>14</b> At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? . . . . .		<b>X</b>
<b>15</b> If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
<b>16</b> Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		<b>X</b>
<b>17</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
<b>18a</b> Did you make any payments in 2015 that would require you to file Form(s) 1099? See instructions. . . . .		<b>X</b>
<b>b</b> If "Yes," did you or will you file required Form(s) 1099? . . . . .		
<b>19</b> Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
<b>20</b> Enter the number of partners that are foreign governments under section 892. ▶ <b>0</b>		

**Designation of Tax Matters Partner** (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	▶ <b>Chad Raymond</b>	Identifying number of TMP	▶
If the TMP is an entity, name of TMP representative	▶	Phone number of TMP	▶
Address of designated TMP	▶ <b>2407 E Eastridge Ct Goddard, KS 67052</b>		

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<b>Schedule K Partners' Distributive Share Items</b>		<b>Total amount</b>	
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (page 1, line 22) . . . . .	<b>1</b>	<b>-8,786.</b>
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .	<b>2</b>	
	<b>3a</b> Other gross rental income (loss) . . . . .	<b>3a</b>	
	<b>b</b> Expenses from other rental activities (attach statement) . . . . .	<b>3b</b>	
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . .	<b>3c</b>	
	<b>4</b> Guaranteed payments . . . . .	<b>4</b>	<b>5,932.</b>
	<b>5</b> Interest income . . . . .	<b>5</b>	
	<b>6</b> Dividends: <b>a</b> Ordinary dividends . . . . .	<b>6a</b>	
	<b>b</b> Qualified dividends . . . . .	<b>6b</b>	
	<b>7</b> Royalties . . . . .	<b>7</b>	
	<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .	<b>8</b>	
<b>9a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .	<b>9a</b>		
<b>b</b> Collectibles (28%) gain (loss) . . . . .	<b>9b</b>		
<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . .	<b>9c</b>		
<b>10</b> Net section 1231 gain (loss) (attach Form 4797) . . . . .	<b>10</b>		
<b>11</b> Other income (loss) (see instructions) Type ▶	<b>11</b>		
<b>Deductions</b>	<b>12</b> Section 179 deduction (attach Form 4562) . . . . .	<b>12</b>	
	<b>13a</b> Contributions . . . . .	<b>13a</b>	
	<b>b</b> Investment interest expense . . . . .	<b>13b</b>	
	<b>c</b> Section 59(e)(2) expenditures: <b>(1)</b> Type ▶ <b>(2)</b> Amount ▶	<b>13c(2)</b>	
<b>d</b> Other deductions (see instructions) Type ▶	<b>13d</b>		
<b>Self-Employment</b>	<b>14a</b> Net earnings (loss) from self-employment . . . . .	<b>14a</b>	<b>-2,854.</b>
	<b>b</b> Gross farming or fishing income . . . . .	<b>14b</b>	
	<b>c</b> Gross nonfarm income . . . . .	<b>14c</b>	<b>269,605.</b>
<b>Credits</b>	<b>15a</b> Low-income housing credit (section 42(j)(5)) . . . . .	<b>15a</b>	
	<b>b</b> Low-income housing credit (other) . . . . .	<b>15b</b>	
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . . .	<b>15c</b>	
	<b>d</b> Other rental real estate credits (see instructions) Type ▶	<b>15d</b>	
	<b>e</b> Other rental credits (see instructions) Type ▶	<b>15e</b>	
	<b>f</b> Other credits (see instructions) Type ▶	<b>15f</b>	
<b>Foreign Transactions</b>	<b>16a</b> Name of country or U.S. possession ▶		
	<b>b</b> Gross income from all sources . . . . .	<b>16b</b>	
	<b>c</b> Gross income sourced at partner level . . . . .	<b>16c</b>	
	Foreign gross income sourced at partnership level		
	<b>d</b> Passive category ▶ <b>e</b> General category ▶ <b>f</b> Other ▶	<b>16f</b>	
	Deductions allocated and apportioned at partner level		
	<b>g</b> Interest expense ▶ <b>h</b> Other . . . . . ▶	<b>16h</b>	
	Deductions allocated and apportioned at partnership level to foreign source income		
	<b>i</b> Passive category ▶ <b>j</b> General category ▶ <b>k</b> Other ▶	<b>16k</b>	
	<b>l</b> Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/> . . . . .	<b>16l</b>	
<b>m</b> Reduction in taxes available for credit (attach statement) . . . . .	<b>16m</b>		
<b>n</b> Other foreign tax information (attach statement) . . . . .			
<b>Alternative Minimum Tax (AMT) Items</b>	<b>17a</b> Post-1986 depreciation adjustment . . . . .	<b>17a</b>	
	<b>b</b> Adjusted gain or loss . . . . .	<b>17b</b>	
	<b>c</b> Depletion (other than oil and gas) . . . . .	<b>17c</b>	
	<b>d</b> Oil, gas, and geothermal properties — gross income. . . . .	<b>17d</b>	
	<b>e</b> Oil, gas, and geothermal properties — deductions . . . . .	<b>17e</b>	
	<b>f</b> Other AMT items (attach statement) . . . . .	<b>17f</b>	
<b>Other Information</b>	<b>18a</b> Tax-exempt interest income . . . . .	<b>18a</b>	
	<b>b</b> Other tax-exempt income . . . . .	<b>18b</b>	
	<b>c</b> Nondeductible expenses . . . . .	<b>18c</b>	<b>4,516.</b>
	<b>19a</b> Distributions of cash and marketable securities . . . . .	<b>19a</b>	<b>23,598.</b>
	<b>b</b> Distributions of other property . . . . .	<b>19b</b>	
	<b>20a</b> Investment income . . . . .	<b>20a</b>	
<b>b</b> Investment expenses . . . . .	<b>20b</b>		
<b>c</b> Other items and amounts (attach statement). . . . .			

**Analysis of Net Income (Loss)**

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l . . . . .						1	<b>-2,854.</b>
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners		<b>-2,854.</b>					

	Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)	(e)	(f)
<b>Assets</b>						
1 Cash . . . . .		<b>11,652.</b>				<b>139.</b>
2a Trade notes and accounts receivable . . . . .						
b Less allowance for bad debts . . . . .	( )		( )			
3 Inventories . . . . .						
4 U.S. government obligations . . . . .						
5 Tax-exempt securities . . . . .						
6 Other current assets (attach statement) . . . . .						
7a Loans to partners (or persons related to partners) . . . . .						<b>10,745.</b>
b Mortgage and real estate loans . . . . .						
8 Other investments (attach statement) . . . . .						
9a Buildings and other depreciable assets . . . . .						
b Less accumulated depreciation . . . . .	( )		( )			
10a Depletable assets . . . . .						
b Less accumulated depletion . . . . .	( )		( )			
11 Land (net of any amortization) . . . . .						
12a Intangible assets (amortizable only) . . . . .						
b Less accumulated amortization . . . . .	( )		( )			
13 Other assets (attach statement) . . . . .		<b>6,484.</b>				
14 Total assets . . . . .		<b>18,136.</b>				<b>10,884.</b>
<b>Liabilities and Capital</b>						
15 Accounts payable . . . . .						
16 Mortgages, notes, bonds payable in less than 1 year . . . . .						
17 Other current liabilities (attach statement) . . . . .						
18 All nonrecourse loans . . . . .						
19a Loans from partners (or persons related to partners) . . . . .						
b Mortgages, notes, bonds payable in 1 year or more . . . . .		<b>2,003.</b>				
20 Other liabilities (attach statement) . . . . .						
21 Partners' capital accounts . . . . .		<b>16,133.</b>				<b>10,884.</b>
22 Total liabilities and capital . . . . .		<b>18,136.</b>				<b>10,884.</b>

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note. The partnership may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books . . . . .	<b>-13,302.</b>	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize): _____		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance) . . . . .	<b>5,932.</b>	7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____		8 Add lines 6 and 7 . . . . .	
b Travel and entertainment \$ <b>4,516.</b>	<b>4,516.</b>	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5 . . . . .	<b>-2,854.</b>
5 Add lines 1 through 4 . . . . .	<b>-2,854.</b>		

**Schedule M-2 Analysis of Partners' Capital Accounts**

1 Balance at beginning of year . . . . .	<b>16,133.</b>	6 Distributions: a Cash . . . . .	<b>23,598.</b>
2 Capital contributed: a Cash . . . . .	<b>25,000.</b>	b Property . . . . .	
b Property . . . . .		7 Other decreases (itemize): _____	
3 Net income (loss) per books . . . . .	<b>-13,302.</b>	8 Add lines 6 and 7 . . . . .	<b>23,598.</b>
4 Other increases (itemize): _____		9 Balance at end of year. Subtract line 8 from line 5	<b>10,884.</b>
5 Add lines 1 through 4 . . . . .	<b>27,831.</b>		

(Rev. December 2013)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-S, 1065, and 1065-B.**  
▶ **Information about Form 1125-A and its instructions is at [www.irs.gov/form1125a](http://www.irs.gov/form1125a).**

Name **Sluss & Ray LLC** Employer identification number \_\_\_\_\_

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	
<b>2</b>	Purchases . . . . .	<b>2</b>	<b>181,884.</b>
<b>3</b>	Cost of labor . . . . .	<b>3</b>	<b>5,615.</b>
<b>4</b>	Additional section 263A costs (attach schedule) . . . . .	<b>4</b>	
<b>5</b>	Other costs (attach schedule) . . . . .	<b>5</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	<b>187,499.</b>
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions) . . . . .	<b>8</b>	<b>187,499.</b>

- 9a** Check all methods used for valuing closing inventory:
- (i)  Cost
  - (ii)  Lower of cost or market
  - (iii)  Other (Specify method used and attach explanation.) ▶ \_\_\_\_\_
- b** Check if there was a writedown of subnormal goods . . . . . ▶
- c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . . . . ▶
- d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO . . . . . **9d** \_\_\_\_\_
- e** If property is produced or acquired for resale, do the rules of section 263A apply to the corporation (see instructions)? . . . .  Yes  No
- f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .  Yes  No

**For Paperwork Reduction Act Notice, see instructions.**

Form **1125-A** (Rev. 12-2013)

UYA

**SCHEDULE B-1  
(Form 1065)**

(Rev. December 2011)  
Department of the Treasury  
Internal Revenue Service

**Information on Partners Owning 50% or  
More of the Partnership**

OMB No.1545-0099

▶ **Attach to Form 1065. See instructions.**

Name of partnership <b>Sluss &amp; Ray LLC</b>	Employer identification number (EIN)
---------------------------------------------------	--------------------------------------

**Part I Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

**Part II Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
<b>Chad Raymond</b>		<b>US</b>	<b>50.00</b>
<b>Mark Barrientos</b>		<b>US</b>	<b>50.00</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.  
UYA

Schedule B-1 (Form 1065) (Rev. 12-2011)

Schedule K-1 (Form 1065)

2015

Department of the Treasury Internal Revenue Service

For calendar year 2015, or tax year beginning \_\_\_\_\_ ending \_\_\_\_\_

Partner's Share of Income, Deductions, Credits, etc. See page 2 and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
B Partnership's name, address, city, state, and ZIP code Sluss & Ray LLC 703 N West St Wichita, KS 67203
C IRS Center where partnership filed return OGDEN, UT 84201
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

Partner's identifying number
F Partner's name, address, city, state, and ZIP code Chad Raymond 2407 E Eastridge Ct Goddard, KS 67052
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 50.0000 % 50.0000 %
Loss 50.0000 % 50.0000 %
Capital 60.8442 % 50.0000 %
K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$
Recourse \$
L Partner's capital account analysis:
Beginning capital account \$ 9,816.
Capital contributed during the year \$
Current year increase (decrease) \$ -6,651.
Withdrawals & distributions \$ ( 10,781. )
Ending capital account \$ -7,616.
Tax basis GAAP Section 704(b) book Other (explain)
M Did the partner contribute property with a built-in gain or loss? Yes No
If "Yes," attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Other information. Includes rows for Ordinary business income (loss) -4,393., Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary/Qualified dividends, Royalties, Net short-term/long-term capital gain (loss), Alternative minimum tax (AMT) items, Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Tax-exempt income and nondeductible expenses, Other income (loss) 2,258., Distributions, Section 179 deduction 10,781., Other deductions, Other information, Self-employment earnings (loss) -4,393., and Total 134,803.

\*See attached statement for additional information. For IRS Use Only



This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

**1. Ordinary business income (loss).** Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.

	<i>Report on</i>
Passive loss	See the Partner's Instructions
Passive income	Schedule E, line 28, column (g)
Nonpassive loss	Schedule E, line 28, column (h)
Nonpassive income	Schedule E, line 28, column (j)

**2. Net rental real estate income (loss)** See the Partner's Instructions

**3. Other net rental income (loss)**  
 Net income Schedule E, line 28, column (g)  
 Net loss See the Partner's Instructions

**4. Guaranteed payments** Schedule E, line 28, column (j)

**5. Interest income** Form 1040, line 8a

**6a. Ordinary dividends** Form 1040, line 9a

**6b. Qualified dividends** Form 1040, line 9b

**7. Royalties** Schedule E, line 4

**8. Net short-term capital gain (loss)** Schedule D, line 5

**9a. Net long-term capital gain (loss)** Schedule D, line 12

**9b. Collectibles (28%) gain (loss)** 28% Rate Gain Worksheet, line 4 (Schedule D instructions)

**9c. Unrecaptured section 1250 gain** See the Partner's Instructions

**10. Net section 1231 gain (loss)** See the Partner's Instructions

**11. Other income (loss)**

<i>Code</i>	
A Other portfolio income (loss)	See the Partner's Instructions
B Involuntary conversions	See the Partner's Instructions
C Sec. 1256 contracts & straddles	Form 6781, line 1
D Mining exploration costs recapture	See Pub. 535
E Cancellation of debt	Form 1040, line 21 or Form 982
F Other income (loss)	See the Partner's Instructions

**12. Section 179 deduction** See the Partner's Instructions

**13. Other deductions**

A Cash contributions (50%)	See the Partner's Instructions
B Cash contributions (30%)	
C Noncash contributions (50%)	
D Noncash contributions (30%)	
E Capital gain property to a 50% organization (30%)	
F Capital gain property (20%)	
G Contributions (100%)	
H Investment interest expense	Form 4952, line 1
I Deductions—royalty income	Schedule E, line 19
J Section 59(e)(2) expenditures	See the Partner's Instructions
K Deductions—portfolio (2% floor)	Schedule A, line 23
L Deductions—portfolio (other)	Schedule A, line 28
M Amounts paid for medical insurance	Schedule A, line 1 or Form 1040, line 29
N Educational assistance benefits	See the Partner's Instructions
O Dependent care benefits	Form 2441, line 12
P Preproductive period expenses	See the Partner's Instructions
Q Commercial revitalization deduction from rental real estate activities	See Form 8582 Instructions
R Pensions and IRAs	See the Partner's Instructions
S Reforestation expense deduction	See the Partner's Instructions
T Domestic production activities information	See Form 8903 instructions
U Qualified production activities income	Form 8903, line 7b
V Employer's Form W-2 wages	Form 8903, line 17
W Other deductions	See the Partner's Instructions

**14. Self-employment earnings (loss)**

**Note:** If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.

A Net earnings (loss) from self-employment	Schedule SE, Section A or B
B Gross farming or fishing income	See the Partner's Instructions
C Gross non-farm income	See the Partner's Instructions

**15. Credits**

A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Partner's Instructions
B Low-income housing credit (other) from pre-2008 buildings	
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings	
D Low-income housing credit (other) from post-2007 buildings	
E Qualified rehabilitation expenditures (rental real estate)	
F Other rental real estate credits	
G Other rental credits	
H Undistributed capital gains credit	Form 1040, line 73; check box 4
I Biofuel producer credit	See the Partner's Instructions
J Work opportunity credit	
K Disabled access credit	

<i>Code</i>	<i>Report on</i>
L Empowerment zone employment credit	See the Partner's Instructions
M Credit for increasing research activities	
N Credit for employer social security and Medicare taxes	
O Backup withholding	
P Other credits	
<b>16. Foreign transactions</b>	
A Name of country or U.S. possession	Form 1116, Part I
B Gross income from all sources	
C Gross income sourced at partner level	
<i>Foreign gross income sourced at partnership level</i>	
D Passive category	Form 1116, Part I
E General category	
F Other	
<i>Deductions allocated and apportioned at partner level</i>	
G Interest expense	Form 1116, Part I
H Other	Form 1116, Part I
<i>Deductions allocated and apportioned at partnership level to foreign source income</i>	
I Passive category	Form 1116, Part I
J General category	
K Other	
<i>Other information</i>	
L Total foreign taxes paid	Form 1116, Part II
M Total foreign taxes accrued	Form 1116, Part II
N Reduction in taxes available for credit	Form 1116, line 12
O Foreign trading gross receipts	Form 8873
P Extraterritorial income exclusion	Form 8873
Q Other foreign transactions	See the Partner's Instructions
<b>17. Alternative minimum tax (AMT) items</b>	
A Post-1986 depreciation adjustment	See the Partner's Instructions and the Instructions for Form 6251
B Adjusted gain or loss	
C Depletion (other than oil & gas)	
D Oil, gas, & geothermal—gross income	
E Oil, gas, & geothermal—deductions	
F Other AMT items	
<b>18. Tax-exempt income and nondeductible expenses</b>	
A Tax-exempt interest income	Form 1040, line 8b
B Other tax-exempt income	See the Partner's Instructions
C Nondeductible expenses	See the Partner's Instructions
<b>19. Distributions</b>	
A Cash and marketable securities	See the Partner's Instructions
B Distribution subject to section 737	
C Other property	
<b>20. Other information</b>	
A Investment income	Form 4952, line 4a
B Investment expenses	Form 4952, line 5
C Fuel tax credit information	Form 4136
D Qualified rehabilitation expenditures (other than rental real estate)	See the Partner's Instructions
E Basis of energy property	See the Partner's Instructions
F Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
G Recapture of low-income housing credit (other)	Form 8611, line 8
H Recapture of investment credit	See Form 4255
I Recapture of other credits	See the Partner's Instructions
J Look-back interest—completed long-term contracts	See Form 8697
K Look-back interest—income forecast method	See Form 8866
L Dispositions of property with section 179 deductions	See the Partner's Instructions
M Recapture of section 179 deduction	
N Interest expense for corporate partners	
O Section 453(l)(3) information	
P Section 453A(c) information	
Q Section 1260(b) information	
R Interest allocable to production expenditures	
S CCF nonqualified withdrawals	
T Depletion information—oil and gas	
U Reserved	
V Unrelated business taxable income	
W Precontribution gain (loss)	
X Section 108(i) information	
Y Net investment income	
Z Other information	

**Schedule K-1 - Supplemental Information**  
Supporting Statement for Schedule K-1

**Partnership:** Sluss & Ray LLC      **EIN:**  
**Partner:** Chad Raymond   **ID Number:**

<u>Description</u>	<u>Amount</u>
Nonpassive ordinary income included in line 1	\$-4,393.

Schedule K-1 (Form 1065)

2015

Department of the Treasury Internal Revenue Service

For calendar year 2015, or tax year beginning \_\_\_\_\_ ending \_\_\_\_\_

Partner's Share of Income, Deductions, Credits, etc. See page 2 and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
B Partnership's name, address, city, state, and ZIP code Sluss & Ray LLC 703 N West St Wichita, KS 67203
C IRS Center where partnership filed return OGDEN, UT 84201
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
F Partner's name, address, city, state, and ZIP code Steve Slusser 9545 W Ryan Ct Wichita, KS 67205
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I1 What type of entity is this partner? INDIVIDUAL
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 50.0000 % 0.0000 %
Loss 50.0000 % 0.0000 %
Capital 39.1558 % 0.0000 %
K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$
Recourse \$
L Partner's capital account analysis:
Beginning capital account \$ 6,317.
Capital contributed during the year \$
Current year increase (decrease) \$
Withdrawals & distributions \$ ( 6,317. )
Ending capital account \$
Tax basis GAAP Section 704(b) book Other (explain)
M Did the partner contribute property with a built-in gain or loss? Yes No
If "Yes," attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Other information. Rows include: 1 Ordinary business income (loss) -4,393.; 2 Net rental real estate income (loss); 3 Other net rental income (loss) 16 Foreign transactions; 4 Guaranteed payments 5,932.; 5 Interest income; 6a Ordinary dividends; 6b Qualified dividends; 7 Royalties; 8 Net short-term capital gain (loss); 9a Net long-term capital gain (loss) 17 Alternative minimum tax (AMT) items; 9b Collectibles (28%) gain (loss); 9c Unrecaptured section 1250 gain; 10 Net section 1231 gain (loss) 18 Tax-exempt income and nondeductible expenses; 11 Other income (loss) C 2,258.; 12 Section 179 deduction A 6,317.; 13 Other deductions; 14 Self-employment earnings (loss) A 1,539.; C 134,802.

\*See attached statement for additional information.

For IRS Use Only

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

**1. Ordinary business income (loss).** Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.

	<i>Report on</i>
Passive loss	See the Partner's Instructions
Passive income	Schedule E, line 28, column (g)
Nonpassive loss	Schedule E, line 28, column (h)
Nonpassive income	Schedule E, line 28, column (j)

**2. Net rental real estate income (loss)** See the Partner's Instructions

**3. Other net rental income (loss)**  
 Net income Schedule E, line 28, column (g)  
 Net loss See the Partner's Instructions

**4. Guaranteed payments** Schedule E, line 28, column (j)

**5. Interest income** Form 1040, line 8a

**6a. Ordinary dividends** Form 1040, line 9a

**6b. Qualified dividends** Form 1040, line 9b

**7. Royalties** Schedule E, line 4

**8. Net short-term capital gain (loss)** Schedule D, line 5

**9a. Net long-term capital gain (loss)** Schedule D, line 12

**9b. Collectibles (28%) gain (loss)** 28% Rate Gain Worksheet, line 4 (Schedule D instructions)

**9c. Unrecaptured section 1250 gain** See the Partner's Instructions

**10. Net section 1231 gain (loss)** See the Partner's Instructions

**11. Other income (loss)**

<i>Code</i>	
A Other portfolio income (loss)	See the Partner's Instructions
B Involuntary conversions	See the Partner's Instructions
C Sec. 1256 contracts & straddles	Form 6781, line 1
D Mining exploration costs recapture	See Pub. 535
E Cancellation of debt	Form 1040, line 21 or Form 982
F Other income (loss)	See the Partner's Instructions

**12. Section 179 deduction** See the Partner's Instructions

**13. Other deductions**

A Cash contributions (50%)	See the Partner's Instructions
B Cash contributions (30%)	
C Noncash contributions (50%)	
D Noncash contributions (30%)	
E Capital gain property to a 50% organization (30%)	
F Capital gain property (20%)	
G Contributions (100%)	
H Investment interest expense	Form 4952, line 1
I Deductions—royalty income	Schedule E, line 19
J Section 59(e)(2) expenditures	See the Partner's Instructions
K Deductions—portfolio (2% floor)	Schedule A, line 23
L Deductions—portfolio (other)	Schedule A, line 28
M Amounts paid for medical insurance	Schedule A, line 1 or Form 1040, line 29
N Educational assistance benefits	See the Partner's Instructions
O Dependent care benefits	Form 2441, line 12
P Preproductive period expenses	See the Partner's Instructions
Q Commercial revitalization deduction from rental real estate activities	See Form 8582 Instructions
R Pensions and IRAs	See the Partner's Instructions
S Reforestation expense deduction	See the Partner's Instructions
T Domestic production activities information	See Form 8903 instructions
U Qualified production activities income	Form 8903, line 7b
V Employer's Form W-2 wages	Form 8903, line 17
W Other deductions	See the Partner's Instructions

**14. Self-employment earnings (loss)**

**Note:** If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.

A Net earnings (loss) from self-employment	Schedule SE, Section A or B
B Gross farming or fishing income	See the Partner's Instructions
C Gross non-farm income	See the Partner's Instructions

**15. Credits**

A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Partner's Instructions
B Low-income housing credit (other) from pre-2008 buildings	
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings	
D Low-income housing credit (other) from post-2007 buildings	
E Qualified rehabilitation expenditures (rental real estate)	
F Other rental real estate credits	
G Other rental credits	
H Undistributed capital gains credit	Form 1040, line 73; check box 4
I Biofuel producer credit	See the Partner's Instructions
J Work opportunity credit	
K Disabled access credit	

<i>Code</i>	<i>Report on</i>
L Empowerment zone employment credit	See the Partner's Instructions
M Credit for increasing research activities	
N Credit for employer social security and Medicare taxes	
O Backup withholding	
P Other credits	
<b>16. Foreign transactions</b>	
A Name of country or U.S. possession	Form 1116, Part I
B Gross income from all sources	
C Gross income sourced at partner level	
<i>Foreign gross income sourced at partnership level</i>	
D Passive category	Form 1116, Part I
E General category	
F Other	
<i>Deductions allocated and apportioned at partner level</i>	
G Interest expense	Form 1116, Part I
H Other	Form 1116, Part I
<i>Deductions allocated and apportioned at partnership level to foreign source income</i>	
I Passive category	Form 1116, Part I
J General category	
K Other	
<i>Other information</i>	
L Total foreign taxes paid	Form 1116, Part II
M Total foreign taxes accrued	Form 1116, Part II
N Reduction in taxes available for credit	Form 1116, line 12
O Foreign trading gross receipts	Form 8873
P Extraterritorial income exclusion	Form 8873
Q Other foreign transactions	See the Partner's Instructions
<b>17. Alternative minimum tax (AMT) items</b>	
A Post-1986 depreciation adjustment	See the Partner's Instructions and the Instructions for Form 6251
B Adjusted gain or loss	
C Depletion (other than oil & gas)	
D Oil, gas, & geothermal—gross income	
E Oil, gas, & geothermal—deductions	
F Other AMT items	
<b>18. Tax-exempt income and nondeductible expenses</b>	
A Tax-exempt interest income	Form 1040, line 8b
B Other tax-exempt income	See the Partner's Instructions
C Nondeductible expenses	See the Partner's Instructions
<b>19. Distributions</b>	
A Cash and marketable securities	See the Partner's Instructions
B Distribution subject to section 737	
C Other property	
<b>20. Other information</b>	
A Investment income	Form 4952, line 4a
B Investment expenses	Form 4952, line 5
C Fuel tax credit information	Form 4136
D Qualified rehabilitation expenditures (other than rental real estate)	See the Partner's Instructions
E Basis of energy property	See the Partner's Instructions
F Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
G Recapture of low-income housing credit (other)	Form 8611, line 8
H Recapture of investment credit	See Form 4255
I Recapture of other credits	See the Partner's Instructions
J Look-back interest—completed long-term contracts	See Form 8697
K Look-back interest—income forecast method	See Form 8866
L Dispositions of property with section 179 deductions	See the Partner's Instructions
M Recapture of section 179 deduction	
N Interest expense for corporate partners	
O Section 453(l)(3) information	
P Section 453A(c) information	
Q Section 1260(b) information	
R Interest allocable to production expenditures	
S CCF nonqualified withdrawals	
T Depletion information—oil and gas	
U Reserved	
V Unrelated business taxable income	
W Precontribution gain (loss)	
X Section 108(i) information	
Y Net investment income	
Z Other information	

**Schedule K-1 - Supplemental Information**  
Supporting Statement for Schedule K-1

**Partnership:** Sluss & Ray LLC      **EIN:**  
**Partner:** Steve Slusser      **ID Number:**

<u>Description</u>	<u>Amount</u>
Nonpassive ordinary income included in line 1	\$-4,393.

Schedule K-1 (Form 1065)

2015

Department of the Treasury Internal Revenue Service

For calendar year 2015, or tax year beginning \_\_\_\_\_ ending \_\_\_\_\_

Partner's Share of Income, Deductions, Credits, etc. See page 2 and separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Other information. Includes rows for Ordinary business income, Net rental real estate income, Other net rental income, Guaranteed payments, Interest income, Dividends, Royalties, Capital gains, and Self-employment earnings.

\*See attached statement for additional information.

For IRS Use Only

Part I Information About the Partnership

Form section for Part I containing fields A, B, C, and D. Field B includes partnership name 'Sluss & Ray LLC' and address '703 N West St, Wichita, KS 67203'.

Part II Information About the Partner

Form section for Part II containing fields E through M. Field J includes a table for Partner's share of profit, loss, and capital with columns for Beginning and Ending amounts and percentages.

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

**1. Ordinary business income (loss).** Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.

	<i>Report on</i>
Passive loss	See the Partner's Instructions
Passive income	Schedule E, line 28, column (g)
Nonpassive loss	Schedule E, line 28, column (h)
Nonpassive income	Schedule E, line 28, column (j)

**2. Net rental real estate income (loss)** See the Partner's Instructions

**3. Other net rental income (loss)**  
 Net income Schedule E, line 28, column (g)  
 Net loss See the Partner's Instructions

**4. Guaranteed payments** Schedule E, line 28, column (j)

**5. Interest income** Form 1040, line 8a

**6a. Ordinary dividends** Form 1040, line 9a

**6b. Qualified dividends** Form 1040, line 9b

**7. Royalties** Schedule E, line 4

**8. Net short-term capital gain (loss)** Schedule D, line 5

**9a. Net long-term capital gain (loss)** Schedule D, line 12

**9b. Collectibles (28%) gain (loss)** 28% Rate Gain Worksheet, line 4 (Schedule D instructions)

**9c. Unrecaptured section 1250 gain** See the Partner's Instructions

**10. Net section 1231 gain (loss)** See the Partner's Instructions

**11. Other income (loss)**

<i>Code</i>	
A Other portfolio income (loss)	See the Partner's Instructions
B Involuntary conversions	See the Partner's Instructions
C Sec. 1256 contracts & straddles	Form 6781, line 1
D Mining exploration costs recapture	See Pub. 535
E Cancellation of debt	Form 1040, line 21 or Form 982
F Other income (loss)	See the Partner's Instructions

**12. Section 179 deduction** See the Partner's Instructions

**13. Other deductions**

A Cash contributions (50%)	See the Partner's Instructions
B Cash contributions (30%)	
C Noncash contributions (50%)	
D Noncash contributions (30%)	
E Capital gain property to a 50% organization (30%)	
F Capital gain property (20%)	
G Contributions (100%)	
H Investment interest expense	Form 4952, line 1
I Deductions—royalty income	Schedule E, line 19
J Section 59(e)(2) expenditures	See the Partner's Instructions
K Deductions—portfolio (2% floor)	Schedule A, line 23
L Deductions—portfolio (other)	Schedule A, line 28
M Amounts paid for medical insurance	Schedule A, line 1 or Form 1040, line 29
N Educational assistance benefits	See the Partner's Instructions
O Dependent care benefits	Form 2441, line 12
P Preproductive period expenses	See the Partner's Instructions
Q Commercial revitalization deduction from rental real estate activities	See Form 8582 Instructions
R Pensions and IRAs	See the Partner's Instructions
S Reforestation expense deduction	See the Partner's Instructions
T Domestic production activities information	See Form 8903 instructions
U Qualified production activities income	Form 8903, line 7b
V Employer's Form W-2 wages	Form 8903, line 17
W Other deductions	See the Partner's Instructions

**14. Self-employment earnings (loss)**  
**Note:** If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.

A Net earnings (loss) from self-employment	Schedule SE, Section A or B
B Gross farming or fishing income	See the Partner's Instructions
C Gross non-farm income	See the Partner's Instructions

**15. Credits**

A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Partner's Instructions
B Low-income housing credit (other) from pre-2008 buildings	
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings	
D Low-income housing credit (other) from post-2007 buildings	
E Qualified rehabilitation expenditures (rental real estate)	
F Other rental real estate credits	
G Other rental credits	
H Undistributed capital gains credit	Form 1040, line 73; check box 4
I Biofuel producer credit	See the Partner's Instructions
J Work opportunity credit	
K Disabled access credit	

<i>Code</i>	<i>Report on</i>
L Empowerment zone employment credit	See the Partner's Instructions
M Credit for increasing research activities	
N Credit for employer social security and Medicare taxes	
O Backup withholding	
P Other credits	
<b>16. Foreign transactions</b>	
A Name of country or U.S. possession	Form 1116, Part I
B Gross income from all sources	
C Gross income sourced at partner level	
<i>Foreign gross income sourced at partnership level</i>	
D Passive category	Form 1116, Part I
E General category	
F Other	
<i>Deductions allocated and apportioned at partner level</i>	
G Interest expense	Form 1116, Part I
H Other	Form 1116, Part I
<i>Deductions allocated and apportioned at partnership level to foreign source income</i>	
I Passive category	Form 1116, Part I
J General category	
K Other	
<i>Other information</i>	
L Total foreign taxes paid	Form 1116, Part II
M Total foreign taxes accrued	Form 1116, Part II
N Reduction in taxes available for credit	Form 1116, line 12
O Foreign trading gross receipts	Form 8873
P Extraterritorial income exclusion	Form 8873
Q Other foreign transactions	See the Partner's Instructions
<b>17. Alternative minimum tax (AMT) items</b>	
A Post-1986 depreciation adjustment	See the Partner's Instructions and the Instructions for Form 6251
B Adjusted gain or loss	
C Depletion (other than oil & gas)	
D Oil, gas, & geothermal—gross income	
E Oil, gas, & geothermal—deductions	
F Other AMT items	
<b>18. Tax-exempt income and nondeductible expenses</b>	
A Tax-exempt interest income	Form 1040, line 8b
B Other tax-exempt income	See the Partner's Instructions
C Nondeductible expenses	See the Partner's Instructions
<b>19. Distributions</b>	
A Cash and marketable securities	See the Partner's Instructions
B Distribution subject to section 737	
C Other property	
<b>20. Other information</b>	
A Investment income	Form 4952, line 4a
B Investment expenses	Form 4952, line 5
C Fuel tax credit information	Form 4136
D Qualified rehabilitation expenditures (other than rental real estate)	See the Partner's Instructions
E Basis of energy property	See the Partner's Instructions
F Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
G Recapture of low-income housing credit (other)	Form 8611, line 8
H Recapture of investment credit	See Form 4255
I Recapture of other credits	See the Partner's Instructions
J Look-back interest—completed long-term contracts	See Form 8697
K Look-back interest—income forecast method	See Form 8866
L Dispositions of property with section 179 deductions	See the Partner's Instructions
M Recapture of section 179 deduction	
N Interest expense for corporate partners	
O Section 453(l)(3) information	
P Section 453A(c) information	
Q Section 1260(b) information	
R Interest allocable to production expenditures	
S CCF nonqualified withdrawals	
T Depletion information—oil and gas	
U Reserved	
V Unrelated business taxable income	
W Precontribution gain (loss)	
X Section 108(i) information	
Y Net investment income	
Z Other information	

**Schedule K-1 - Supplemental Information**  
Supporting Statement for Schedule K-1

**Partnership:** Sluss & Ray LLC      **EIN:**  
**Partner:** Mark Barrientos   **ID Number:**

**Amount**



# Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**Sluss & Ray LLC**

**Transmission Repair Auto**

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	500,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	6,484.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	6,484.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

## Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

### Section B — Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

### Section C — Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

## Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	0.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

# 2015 Other Deductions - Supporting Details for Form 1065, Line 20

Name(s) shown on return <b>Sluss &amp; Ray LLC</b>	Employer identifying number <b>46-5084437</b>
-------------------------------------------------------	--------------------------------------------------

1. Accounting fees	1	1,618.
2. Advertising	2	35,350.
3. Bank fees	3	2,874.
4. Commissions	4	2,719.
5. Credit card convenience fees	5	5,437.
6. Insurance	6	7,804.
7. Legal and professional fees	7	3,416.
8. Postage	8	23.
9. Professional dues and subscriptions	9	7,276.
10. Supplies	10	11,036.
11. Telephone	11	9,779.
12. Deductible travel and entertainment exp. subject to limits	12	4,517.
13. Travel and entertainment expense not subject to limits	13	799.
14. Utilities	14	11,932.
15. Security Expense	15	688.
16. Uniform Expense	16	2,284.
17. Car Wash Expense	17	296.
18.	18	
19.	19	
20.	20	
21.	21	
22.	22	
23.	23	
24.	24	
25.	25	
26.	26	
27.	27	
28.	28	
29.	29	
30.	30	
31.	31	
32.	32	
33.	33	
34.	34	
35.	35	
36.	36	
37.	37	
38.	38	
39.	39	
40.	40	
41.	41	
42.	42	
43.	43	
44.	44	
45.	45	
46.	46	
47.	47	
48.	48	
49.	49	
50.	50	
51.	51	
52.	52	
<b>Total Other Deductions</b> . . . . .		<b>107,848.</b>

Schedule L - Current Assets

Business Name <b>Sluss &amp; Ray LLC</b>	Federal Employer ID Number
---------------------------------------------	----------------------------

Description	Beginning of tax year	End of tax year
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		
13. _____		
14. _____		
15. _____		
Totals . . . . .		

Schedule L - Other Assets

Description	Beginning of tax year	End of tax year
1. <b>Office Furniture</b>	<b>4,982.</b>	
2. <b>Machinery &amp; Equipment</b>	<b>1,502.</b>	
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		
13. _____		
14. _____		
15. _____		
Totals . . . . .	<b>6,484.</b>	

# Kansas Electronic Filing Instructions

Tax Year 2015

These instructions are provided to help you understand and complete the final steps for electronically filing Sluss & Ray LLC's Kansas return. We highly recommend that you print these instructions for your reference.

**You are responsible for confirming the status of Sluss & Ray LLC's electronically filed return.** You can confirm the status of Sluss & Ray LLC's return by going to [efstatus.taxact.com](http://efstatus.taxact.com). You will need to enter Sluss & Ray LLC's EFIN and password.

## Kansas Partnership Income Tax

### **Kansas Form K-120S:**

**Do not** send any other Kansas schedules or forms to the Kansas Department of Revenue. These documents should remain a part of Sluss & Ray LLC's tax files.

**The Kansas Department of Revenue does not require Sluss & Ray LLC's return or any signature document. Sluss & Ray LLC's return has been successfully filed once you receive an acceptance from the Kansas Department of Revenue.**

\*\*If you are unable to complete the above instructions, or you need assistance in completing them, contact us at: [efilesupport@taxact.com](mailto:efilesupport@taxact.com).

\*\*If you would like to check on the status of Sluss & Ray LLC's return you may call the toll-free automated phone service at 1-800-894-0318, 24 hours a day, 7 days a week. The Kansas Department of Revenue advises that you should wait at least 10 days from the date of acknowledgment before calling the number.

# K-120S 2015

(Rev. 7-15)

Page 1 of 4

## PARTNERSHIP OR S CORPORATION INCOME TAX RETURN

072

154015

For the taxable year beginning **01012015** ending **12312015**

**Sluss & Ray LLC**  
**703 N West St**

Filing an **AMENDED** return?

EIN

C. Business Activity Code

H. Enter number of shareholders/partners included in Part II.

**Wichita KS 67203**

**811190**

**3**

A. This return is being filed for  1. Partnership  2. S Corporation

D. Date Business Began in KS

I. Tax credits schedules are enclosed?

B. Method Used to Determine Income of Corporation in Kansas

**06012014**

J. Original federal due date if other than 15th day of 3rd month after the end of the tax year.

1. Activity wholly within Kansas or single entity apportionment method

E. Date Business Discontinued in KS

**04182016**

2. Combined income method (Enclose Sch K-121S)

3. Common carrier mileage (Enclose mileage apportionment schedule)

F. State and Date of Incorporation

K. Name or address has changed?

4. Alternative or separate accounting (See instructions under "Definitions" and enclose letter of authorization & schedule)

L. Are you filing Form K-40C?

5. Qualified elective two-factor (Part III) Year qualified

G. State of Commercial Domicile **KS**

M. Have you submitted Form K-120EL?

1. Ordinary income from federal Schedule K **-8786.00**

12. Net income before apportionment (Add line 3 to line 7 and subtract line 11) **-2854.00**

2a. Total of all other income from federal Sch K **5932.00**

13. Nonbusiness income - Total Company (Sch. Req.)

2b. Total of allowable deductions from federal Schedule K

14. Apportionable business income (Subtract line 13 from line 12) **-2854.00**

3. Total federal income (Add lines 1 to line 2a and subtract line 2b) **-2854.00**

15. Average percent to Kansas (Part III, lines A, B, C & E) **100.0000**

4. Total state and municipal interest (Sch Req)

A. B.

C.

16. Amount to Kansas (Multiply line 14 by line 15) **-2854.00**

5. Taxes on or measured by income or fees or payments in lieu of income taxes (Sch Req)

17. Nonbusiness income - Kansas (Sch. Req)

6. Other additions to federal income (Sch Req)

18. Kansas Expensing Recapture (Sch Req)

7. Total additions to federal income (Add lines 4, 5 & 6)

19. Total Kansas income (Add lines 16, 17 and 18) **-2854.00**

8. Interest on U.S. government obligations (Sch Req)

20. Estimated tax paid and amount credited forward (Sep. Sch.)

9. IRC Sec. 78 and 80% of foreign dividends (Sch Req)

21. Other tax payments (Sep. Sch.)

10. Other subtractions from federal income (Sch Req)

22. Refund (Add lines 20 & 21)

11. Total subtractions from federal income (Add lines 8, 9 & 10)(Sch Req)

I authorize the Director of Taxation or the Director's designee to discuss my K-120S and any enclosures with my preparer.

I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Officer Signature (Required) \_\_\_\_\_ Title **Owner** \_\_\_\_\_ Date \_\_\_\_\_

Preparer Signature \_\_\_\_\_ Preparer Phone Number \_\_\_\_\_ Preparer SSN or EIN/PTIN \_\_\_\_\_ Date \_\_\_\_\_

S-CORPORATION  
915 SW HARRISON ST  
TOPEKA KS 66612-1588

For Office Use Only

**PART I**

**ADDITIONAL INFORMATION**

1. Did the corporation file a Kansas Income Tax return under the same name for the preceding year?  Yes  No If "no", enter previous name and EIN. \_\_\_\_\_

4. Has your corporation been involved in any reorganization during the period covered by this return?  Yes  No If "yes", enclose a detailed explanation.

2. Enter the address of the corporation's principal location in Kansas.  
**703 N West St**  
**Wichita KS 67203**

5. If your federal taxable income has been redetermined for any prior years that have not previously been reported to Kansas, check the applicable box(es) below and state the calendar, fiscal, or short period year ending date. You are required to submit, under separate cover, the federal forms or Revenue Agent's Report along with the Kansas amended return (Form K-120S).

Revenue Agent's Report  Net Operating Loss  
 Amended Return Years ended \_\_\_\_\_

3. The corporation's books are in care of:  
 Name **Chad Raymond**  
 Address **703 N West St**  
**Wichita KS 67203**  
 Telephone \_\_\_\_\_

**PART II**

**PARTNER'S OR SHAREHOLDER'S DISTRIBUTION OF INCOME**

This schedule is to be completed for all partners or shareholders. If there are more than 12 partners or shareholders, you must complete a schedule similar to the schedule below and submit it with your return. Individual partners or shareholders complete columns 1 through 8. All other partners and shareholders complete columns 1 through 5.

(1) Name and address of partner or shareholder	Check box if nonresident	(2) SSN or EIN	(3) Partner's or shareholder's percent of ownership	(4) Partner's profit percent or shareholder's applicable percentage
(a) Chad Raymond 2407 E Eastridge Ct Goddard, KS 67052	<input type="checkbox"/>		50.0000	50.0000
(b) Steve Slusser 9545 W Ryan Ct Wichita, KS 67205	<input type="checkbox"/>		50.0000	50.0000
(c) Mark Barrientos 2010 E Sunset Goddard, KS 67052	<input type="checkbox"/>			
(d)	<input type="checkbox"/>			
(e)	<input type="checkbox"/>			
(f)	<input type="checkbox"/>			
(g)	<input type="checkbox"/>			
(h)	<input type="checkbox"/>			
(i)	<input type="checkbox"/>			
(j)	<input type="checkbox"/>			
(k)	<input type="checkbox"/>			
(l)	<input type="checkbox"/>			

See instructions for Nonresident Partner's or Shareholder's Computation of Columns 6, 7 and 8.

(5) Income from Kansas sources.	(6) Partner's or shareholder's portion of federal ordinary and other income (losses) and deductions.	(7) Partner's or shareholder's portion of total Kansas income.	(8) Partner's or shareholder's modification.
<b>Kansas resident individuals:</b> Multiply column 4 by line 12	Multiply the percentage in column 4 by line 3	Multiply the percentage in column 4 by line 12	See instructions. Enter result in Part A of Schedule S, Form K-40.
<b>Nonresident individuals:</b> If income is earned only from Kansas sources multiply column 4 by line 12. If earned from inside and outside of Kansas, multiply column 4 by sum of lines 16 and 17			
<b>All other partners or shareholders:</b> Multiply column 4 by sum of lines 16 and 17			
(a) -1427.00	-1427.00	-1427.00	
(b) 4505.00	4505.00	4505.00	
(c)			
(d)			
(e)			
(f)			
(g)			
(h)			
(i)			
(j)			
(k)			
(l)			

# Form K-120S - Supplemental Schedule K-1

Year ending  
12/31/2015

## Part I Information about the Partnership

A Partnership's identifying number .....

B Partnership's name ..... **Sluss & Ray LLC**

Suite or room number .....

Street address ..... **703 N West St**

City, State and ZIP code ..... **Wichita, KS 67203**

## Part II Information about the Partner

D Partner's identifying number .....

E Partner's name ..... **Chad Raymond**

Suite or room number .....

Street address ..... **2407 E Eastridge Ct**

City, State and ZIP code ..... **Goddard, KS 67052**

## Part III Reporting Information

Check this box if the partner is a nonresident of Kansas

### Column

3. Partner's percent of ownership .....	50.0000 %
4. Partner's profit percentage .....	50.0000 %
5. Income from Kansas sources without partner's guaranteed payments	<u>-1,427.</u>
Partner's guaranteed payments .....	<u>0.</u>
Total Income from Kansas sources .....	<u>-1,427.</u>
6. Partner's portion of federal ordinary and other income (losses) and deductions .....	<u>-1,427.</u>
7. Partner's portion of total Kansas income .....	<u>-1,427.</u>
8. Partner's modification (Enter on Part A of Schedule S, Form K-40) .....	<u>0.</u>

**Form K-120S - Supplemental Schedule K-1**

Year ending  
12/31/2015

**Part I** Information about the Partnership

**A** Partnership's identifying number .....

**B** Partnership's name ..... Sluss & Ray LLC

Suite or room number .....

Street address ..... 703 N West St

City, State and ZIP code ..... Wichita, KS 67203

**Part II** Information about the Partner

**D** Partner's identifying number .....

**E** Partner's name ..... Steve Slusser

Suite or room number .....

Street address ..... 9545 W Ryan Ct

City, State and ZIP code ..... Wichita, KS 67205

**Part III** Reporting Information

Check this box if the partner is a nonresident of Kansas

**Column**

<b>3.</b> Partner's percent of ownership .....	<u>50.0000 %</u>
<b>4.</b> Partner's profit percentage .....	<u>50.0000 %</u>
<b>5.</b> Income from Kansas sources without partner's guaranteed payments	<u>-1,427.</u>
Partner's guaranteed payments .....	<u>5,932.</u>
Total Income from Kansas sources .....	<u>4,505.</u>
<b>6.</b> Partner's portion of federal ordinary and other income (losses) and deductions .....	<u>4,505.</u>
<b>7.</b> Partner's portion of total Kansas income .....	<u>4,505.</u>
<b>8.</b> Partner's modification (Enter on Part A of Schedule S, Form K-40) .....	<u>0.</u>



# Form K-120S - Supplemental Schedule K-1

Year ending  
12/31/2015

## Part I Information about the Partnership

A Partnership's identifying number .....

B Partnership's name ..... **Sluss & Ray LLC**

Suite or room number .....

Street address ..... **703 N West St**

City, State and ZIP code ..... **Wichita, KS 67203**

## Part II Information about the Partner

D Partner's identifying number .....

E Partner's name ..... **Mark Barrientos**

Suite or room number .....

Street address ..... **2010 E Sunset**

City, State and ZIP code ..... **Goddard, KS 67052**

## Part III Reporting Information

Check this box if the partner is a nonresident of Kansas

### Column

3. Partner's percent of ownership .....	<u>0.0000</u> %
4. Partner's profit percentage .....	<u>0.0000</u> %
5. Income from Kansas sources without partner's guaranteed payments .....	<u>0.</u>
Partner's guaranteed payments .....	<u>0.</u>
Total Income from Kansas sources .....	<u>0.</u>
6. Partner's portion of federal ordinary and other income (losses) and deductions .....	<u>0.</u>
7. Partner's portion of total Kansas income .....	<u>0.</u>
8. Partner's modification (Enter on Part A of Schedule S, Form K-40) .....	<u>0.</u>

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

Debtor name **Sluss & Ray, LLC**  
 United States Bankruptcy Court for the: **DISTRICT OF KANSAS**  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** 12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Aaron Harrod 4565 S. Washington Ct. Wichita, KS 67216-1964		Unpaid Wages 10/10/2015 to 11/21/2015	Disputed			\$1,092.35
Air Capital Real Estate LLC c/o The Law Office of Michael A. Priddle 445 N. Waco Street Wichita, KS 67202						\$19,385.75
American Express PO Box 297879 Fort Lauderdale, FL 33329-7879						\$18,437.71
Behalf, Inc. 126 5th Ave Fl 10 New York, NY 10011-5606		Line of Credit	Disputed			\$15,000.00
Chesre Deckard Jr. 5820 W. St. Louis Ave Wichita, KS 67212		Unpaid Wages 4/09/16 to 8/20/16	Disputed			\$1,891.32
Circleback Lending, Inc. 777 Yamato Road Suite 400 Boca Raton, FL 33431			Disputed			\$28,870.00
Davin Callon 4800 W. 13th St. n. #310 Wichita, KS 67212		Unpaid Wages Complaint 17-CV-01024	Disputed			\$75,000.00

Debtor **Sluss & Ray, LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Emprise Bank P.O. Box 2970 Wichita, KS 67201-2970		Collateral - Blanket Lien - business equipment and inventory, Term Life Insurance Policy in the amount of \$200,000 issued by Banner Life Insurance		\$111,000.00	\$49,713.66	\$61,286.34
Emprise Bank P.O. Box 2970 Wichita, KS 67201-2970		Credit Card Debt				\$8,610.42
First Data Merchant SVS 4000 Coral Ridge DRC-230 Pompano Beach, FL 33065						\$1,581.00
First Data Merchant SVS 4000 Coral Ridge DRC-230 Pompano Beach, FL 33065						\$1,246.00
First Data Merchant SVS 4000 Coral Ridge DRC-230 Pompano Beach, FL 33065						\$850.00
Henderson Holdings LLC c/o Kahrs Law Offices, P.A. PO Box 780487 Wichita, KS 67278		2016-LM-017584-C S				\$304,725.00
KSAS c/o Gary L. Fanning, Jr. Butler & Associates, P.A. 3706 S. Topeka Blvd, Ste 300 Topeka, KS 66609						\$5,038.00
Max and Diane Vaughan 1314 Auburn Hills Wichita, KS 67235						\$26,000.00

Debtor **Sluss & Ray, LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Register Tape Network/Adcart PO Box 204277 Dallas, TX 75320-4277						\$1,320.00
Rusty Wheeler 780 N. Sheridan St. Wichita, KS 67203		Unpaid Wages 1/9/16 to 3/19/16	Disputed			\$1,210.47
SOFI Lending Corp One Letterman Drive Building A San Francisco, CA 94129			Disputed			\$107,729.00
William Seamster 144 S. Florence Wichita, KS 67209		Unpaid Wages 11/7/15 to 3/26/16	Disputed			\$4,312.30
X-Press Signs & Graphics LLC 5830 W. Hendrx Avenue Wichita, KS 67209						\$11,689.23

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

Debtor name Sluss & Ray, LLC

United States Bankruptcy Court for the: DISTRICT OF KANSAS

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

Check if this is an amended filing

# Official Form 206A/B

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

12/15

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

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

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

**Part 1: Cash and cash equivalents**

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

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

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

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

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
----------------------------------------------	-----------------	---------------------------------

<b>Bank of America #3330</b>			
<b>C &amp; M Empire, LLC</b>			
<b>balance as of 3/8/2017</b>			
3.1. <b>estimated</b>	<b>Business Checking</b>	<b>3330</b>	<b>\$12,000.00</b>

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

5. **Total of Part 1.**

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

<b>\$12,000.00</b>
--------------------

**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**

11b. Over 90 days old:	<u>200,000.00</u>	-	<u>200,000.00</u>	=...	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts		

Debtor Sluss & Ray, LLC  
Name

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

12. **Total of Part 3.**

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

\$0.00

**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				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies <b>Supplies</b>		<b>\$0.00</b>		<b>\$1,473.50</b>

23. **Total of Part 5.**

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

\$1,473.50

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.

Debtor Sluss & Ray, LLC  
Name

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures Furniture & Equipment	\$0.00		\$4,150.00

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. \$4,150.00

44. Is a depreciation schedule available for any of the property listed in Part 7?  
 No  
 Yes
45. Has any of the property listed in Part 7 been appraised by a professional within the last year?  
 No  
 Yes

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

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

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Machinery & Equipment	\$0.00		\$32,090.16

51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87. \$32,090.16

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

Debtor Sluss & Ray, LLC  
Name

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

Yes

**Part 9: Real property**

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

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

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

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. <b>2490 S. Meridian Wichita, KS</b>	<b>Contract for Deed</b>	<b>\$36,626.78</b>		<b>\$36,626.78</b>

**56. Total of Part 9.**

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

<b>\$36,626.78</b>
--------------------

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

- No  
 Yes

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

- No  
 Yes

**Part 10: Intangibles and intellectual property**

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b>			
61. <b>Internet domain names and websites</b>			
62. <b>Licenses, franchises, and royalties Aamco Transmission Franchise - Agreement signed by Chad Raymond personally</b>	<b>\$0.00</b>		<b>\$0.00</b>

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**



Debtor Sluss & Ray, LLC  
Name

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

66. **Total of Part 10.**  
Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)  
 No  
 Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**  
 No  
 Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**  
 No  
 Yes

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**  
Include all interests in executory contracts and unexpired leases not previously reported on this form.

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

**Current value of  
debtor's interest**

71. **Notes receivable**  
Description (include name of obligor)

<b>Notes Receivable - CCWRW LLC</b>	<u>28,800.00</u>	-	<u>28,800.00</u>	=	<u>\$0.00</u>
	Total face amount		doubtful or uncollectible amount		

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

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

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

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

**\$0.00**

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

**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>\$12,000.00</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>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$1,473.50</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>\$4,150.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$32,090.16</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$36,626.78</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>\$49,713.66</u>	+ 91b. <u>\$36,626.78</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$86,340.44</u>

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

Debtor name Sluss & Ray, LLC

United States Bankruptcy Court for the: DISTRICT OF KANSAS

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

Check if this is an amended filing

**Official Form 206D**

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

12/15

Be as complete and accurate as possible.

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

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

**Part 1: List Creditors Who Have Secured Claims**

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

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
<p><b>2.1</b> <b>Emprise Bank</b></p> <p>Creditor's Name</p> <p><b>P.O. Box 2970</b> <b>Wichita, KS 67201-2970</b></p> <p>Creditor's mailing address</p> <p>_____</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p>_____</p> <p><b>Last 4 digits of account number</b></p> <p>_____</p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>_____</p>	<p>Describe debtor's property that is subject to a lien</p> <p><b>Collateral - Blanket Lien - business equipment and inventory</b></p> <p>_____</p> <p>Describe the lien</p> <p>_____</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>_____</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p><b>\$16,494.39</b></p>	<p><b>\$49,713.66</b></p>

<p><b>2.2</b> <b>Emprise Bank</b></p> <p>Creditor's Name</p> <p><b>P.O. Box 2970</b> <b>Wichita, KS 67201-2970</b></p> <p>Creditor's mailing address</p> <p>_____</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p>_____</p> <p><b>Last 4 digits of account number</b></p> <p><b>5002</b></p> <p><b>Do multiple creditors have an interest in the same property?</b></p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> <p>_____</p>	<p>Describe debtor's property that is subject to a lien</p> <p><b>Collateral - Blanket Lien - business equipment and inventory, Term Life Insurance Policy in the amount of \$200,000 issued by Banner Life Insurance</b></p> <p>_____</p> <p>Describe the lien</p> <p>_____</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>_____</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p>	<p><b>\$111,000.00</b></p>	<p><b>\$49,713.66</b></p>
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Debtor **Sluss & Ray, LLC**  
Name

Case number (if know)

No  
 Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Contingent  
 Unliquidated  
 Disputed

2.3 **Matt Hall**

Creditor's Name

**113 S. Laura  
Wichita, KS 67211**

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  
**2490 S. Meridian Wichita, KS**

**\$36,626.78**

**\$36,626.78**

Describe the lien

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.4 **Merchant Money Company  
LLC**

Creditor's Name

**2055 Hessen Street  
Fullerton, CA 92833**

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  
**Business Equipment and inventory**

**\$196,125.00**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

No  
 Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

Check all that apply

Contingent  
 Unliquidated  
 Disputed

2.5 **National Funding, Inc.**

Creditor's Name

**9820 Towne Centre  
San Diego, CA 92121**

Creditor's mailing address

Describe debtor's property that is subject to a lien  
**Business equipment and inventory  
Case NO. BC622335  
Case No. 2017-MV-000003-OS**

**\$187,030.10**

**\$0.00**

Describe the lien

Is the creditor an insider or related party?

No

Debtor **Sluss & Ray, LLC**  
Name

Case number (if know)

Creditor's email address, if known

Yes

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

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Date debt was incurred**

**Last 4 digits of account number**

**5136**

**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

2.6

**South Central Kansas  
Economic**

Creditor's Name

**Development District  
200 W. Douglas, Ste 710  
Wichita, KS 67202**

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

**Business equipment and inventory**

**\$12,259.74**

**\$500.00**

**Describe the lien**

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

No

Yes

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

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

**Date debt was incurred**

**9/4/2015**

**Last 4 digits of account number**

**2239**

**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

**South Central Kansas  
Economic**

Creditor's Name

**Development District  
200 W. Douglas, Ste 719  
Wichita, KS 67202**

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

**Business equipment and inventory**

**\$18,339.51**

**\$500.00**

**Describe the lien**

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

No

Yes

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

No

Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

**Date debt was incurred**

**9/4/2015**

**Last 4 digits of account number**

**F368**

**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

Debtor Sluss & Ray, LLC  
Name

Case number (if know) \_\_\_\_\_

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$577,875.52

**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

AMA Recovery Group, LLC  
3730 Kirby Dr. Suite 720  
Houston, TX 77098

Line 2.4

Jay M. Lichter  
Salisian/Lee LLP  
550 South Hope Street  
Suite 750  
Los Angeles, CA 90071-2627

Line 2.5

Neal S. Salisian  
Salisian/Lee LLP  
550 South Hope Street  
Suite 750  
Los Angeles, CA 90071

Line 2.5

Richard K. Thompson  
Martin, Pringle, Oiliver,  
Wallace & Bauer LLP  
100 N. Broadway, Suite 500  
Wichita, KS 67202

Line 2.4

William A. Wells  
Young, Bogle, McCausland,  
Wells & Blanchard, P.A.  
100 N. Main, Suite 1001  
Wichita, KS 67202-1322

Line 2.5

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

Debtor name Sluss & Ray, LLC

United States Bankruptcy Court for the: DISTRICT OF KANSAS

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>Aaron Harrod</b> <b>4565 S. Washington Ct.</b> <b>Wichita, KS 67216-1964</b>	<b>\$1,092.35</b>	<b>\$1,092.35</b>
	Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Basis for the claim: <b>Unpaid Wages 10/10/2015 to 11/21/2015</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>Alexander Richey</b> <b>6424 Eagle Drive</b> <b>Derby, KS 67037</b>	<b>\$403.22</b>	<b>\$403.22</b>
	Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Basis for the claim: <b>Unpaid Wages 3/19/16 to 3/26/16</b>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Sluss & Ray, LLC**  
Name

Case number (if known)

2.3	Priority creditor's name and mailing address <b>Bryan Atkins</b> <b>757 N. Bebe</b> <b>Wichita, KS 67212</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 checked="" type="checkbox"/> Disputed	<u>\$800.26</u>	<u>\$800.26</u>
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Date or dates debt was incurred

Basis for the claim:  
**Unpaid Wages 6/11/16 to 8/13/16**

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)

No  
 Yes

2.4	Priority creditor's name and mailing address <b>Chesre Deckard Jr.</b> <b>5820 W. St. Louis Ave</b> <b>Wichita, KS 67212</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 checked="" type="checkbox"/> Disputed	<u>\$1,891.32</u>	<u>\$1,891.32</u>
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Date or dates debt was incurred

Basis for the claim:  
**Unpaid Wages 4/09/16 to 8/20/16**

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)

No  
 Yes

2.5	Priority creditor's name and mailing address <b>Chris Axe</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 checked="" type="checkbox"/> Disputed	<u>\$654.13</u>	<u>\$654.13</u>
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Date or dates debt was incurred

Basis for the claim:  
**Unpaid Wages 10/10/15 to 12/5/15**

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)

No  
 Yes

2.6	Priority creditor's name and mailing address <b>Curtis Benenhaley</b> <b>3200 Southeast Blvd, Lot 114</b> <b>Wichita, KS 67214</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 checked="" type="checkbox"/> Disputed	<u>\$757.03</u>	<u>\$757.03</u>
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Date or dates debt was incurred

Basis for the claim:  
**Unpaid Wages 1/9/16 to 3/5/16**

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)

No  
 Yes



Debtor **Sluss & Ray, LLC**  
Name

Case number (if known)

2.7 Priority creditor's name and mailing address **David Bretherton**  
**244 N. Millwood**  
**Wichita, KS 67217** As of the petition filing date, the claim is: **\$427.50** **\$427.50**  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Date or dates debt was incurred

Basis for the claim:  
**Unpaid wages 4/9/16 to 4/23/16**

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)

No  
 Yes

2.8 Priority creditor's name and mailing address **Davin Callon**  
**4800 W. 13th St. n.**  
**#310**  
**Wichita, KS 67212** As of the petition filing date, the claim is: **\$75,000.00** **\$0.00**  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Date or dates debt was incurred

Basis for the claim:  
**Unpaid Wages**  
**Complaint 17-CV-01024**

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)

No  
 Yes

2.9 Priority creditor's name and mailing address **Kansas Department of Labor**  
**Legal Services**  
**401 S.W. Topeka Boulevard**  
**Topeka, KS 66603-3182** As of the petition filing date, the claim is: **Unknown** **\$0.00**  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Date or dates debt was incurred

Basis for the claim:  
**2016-CV-000389-OT**

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)

No  
 Yes

2.10 Priority creditor's name and mailing address **Kyle Livingston**  
**2150 N. Maridian St. Apt 404**  
**Wichita, KS 67203** As of the petition filing date, the claim is: **\$43.95** **\$43.95**  
*Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Date or dates debt was incurred

Basis for the claim:  
**Unpaid wages 3/26/16 to 3/26/16**

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)

No  
 Yes

Debtor **Sluss & Ray, LLC**  
Name

Case number (if known)

2.11	Priority creditor's name and mailing address <b>Larry Galbreath</b> <b>2624 S. Fees</b> <b>Wichita, KS 67210</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 checked="" type="checkbox"/> Disputed	<b>\$506.25</b>	<b>\$506.25</b>
	Date or dates debt was incurred	Basis for the claim: <b>Unpaid wages 7/9/16 to 7/30/16</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.12	Priority creditor's name and mailing address <b>Michael Clayton</b> <b>1225 E. Evanston St.</b> <b>Wichita, KS 67219</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 checked="" type="checkbox"/> Disputed	<b>\$343.13</b>	<b>\$343.13</b>
	Date or dates debt was incurred	Basis for the claim: <b>Unpaid wages 5/7/16 to 5/14/16</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address <b>Randy Hardison</b> <b>4141 S. Seneca St. Apt 1013</b> <b>Wichita, KS 67217</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 checked="" type="checkbox"/> Disputed	<b>\$479.13</b>	<b>\$479.13</b>
	Date or dates debt was incurred	Basis for the claim: <b>Unpaid wages 4/9/16 to 8/20/16</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.14	Priority creditor's name and mailing address <b>Rusty Wheeler</b> <b>780 N. Sheridian St.</b> <b>Wichita, KS 67203</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 checked="" type="checkbox"/> Disputed	<b>\$1,210.47</b>	<b>\$1,210.47</b>
	Date or dates debt was incurred	Basis for the claim: <b>Unpaid Wages 1/9/16 to 3/19/16</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Sluss & Ray, LLC**  
Name

Case number (if known)

2.15	Priority creditor's name and mailing address <b>Ryane Axe 2502 S. Fern Wichita, KS 67217</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 checked="" type="checkbox"/> Disputed	<b>\$322.58</b>	<b>\$322.58</b>
Date or dates debt was incurred _____		Basis for the claim: <b>Unpaid wages 1/9/16 to 3/5/16</b>		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address <b>Timothy Janke 401 South Emporia Wichita, KS 67211</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 checked="" type="checkbox"/> Disputed	<b>\$219.73</b>	<b>\$219.73</b>
Date or dates debt was incurred _____		Basis for the claim: <b>Unpaid wages 3/19/16 to 4/16/16</b>		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address <b>William Seamster 144 S. Florence Wichita, KS 67209</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 checked="" type="checkbox"/> Disputed	<b>\$4,312.30</b>	<b>\$4,312.30</b>
Date or dates debt was incurred _____		Basis for the claim: <b>Unpaid Wages 11/7/15 to 3/26/16</b>		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**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>Aamco Transmissions, Inc. 201 Gibraltar Road Horsham, PA 19044</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>Unknown</b>	
Date(s) debt was incurred _____		Basis for the claim: <b>Franchise Fees</b>		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.2	Nonpriority creditor's name and mailing address <b>AC Equipment Repair 900 E. Indianapolis St. Wichita, KS 67211</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>\$496.17</b>	
Date(s) debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number <b>2052</b>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Sluss & Ray, LLC**  
Name

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

3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Air Capital Real Estate LLC</b> c/o The Law Office of Michael A. Priddle 445 N. Waco Street Wichita, KS 67202 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> _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,385.75</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> PO Box 297879 Fort Lauderdale, FL 33329-7879 Date(s) debt was incurred _ Last 4 digits of account number <b>3009</b>	<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> _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,437.71</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Behalf, Inc.</b> 126 5th Ave Fl 10 New York, NY 10011-5606 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 checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Line of Credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,000.00</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Black Hills Energy</b> PO Box 1400 Rapid City, SD 57709 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> _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Circleback Lending, Inc.</b> 777 Yamato Road Suite 400 Boca Raton, FL 33431 Date(s) debt was incurred _ Last 4 digits of account number <b>8731</b>	<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 checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,870.00</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>City of Goddard</b> 118 N. Main Goddard, KS 67052 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> _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>EMC Insurance Co/KS</b> 245 N. Waco, Suite 330 Wichita, KS 67202 Date(s) debt was incurred _ Last 4 digits of account number <b>7121</b>	<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> _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$303.82</b>

Debtor **Sluss & Ray, LLC**  
Name

Case number (if known)

3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Emprise Bank</b> <b>P.O. Box 2970</b> <b>Wichita, KS 67201-2970</b> Date(s) debt was incurred _ Last 4 digits of account number <u>4666</u>	<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> <b><u>Collateral - Blanket Lien - business equipment and inventory</u></b> <b><u>2000 Isuzu NPR</u></b> <b><u>VIN# 4KLB4B1R7YJ805697</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,330.16</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Emprise Bank</b> <b>P.O. Box 2970</b> <b>Wichita, KS 67201-2970</b> Date(s) debt was incurred _ Last 4 digits of account number <u>5802</u>	<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> <b><u>Collateral - 2012 Suzuki Kitashi Sports SLS AWD</u></b> <b><u>VIN# JS2RF9A83C6101121</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$355.30</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Emprise Bank</b> <b>P.O. Box 2970</b> <b>Wichita, KS 67201-2970</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> <b><u>Credit Card Debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,610.42</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>First Data Merchant SVS</b> <b>4000 Coral Ridge DRC-230</b> <b>Pompano Beach, FL 33065</b> Date(s) debt was incurred _ Last 4 digits of account number <u>2180</u>	<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> _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,246.00</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>First Data Merchant SVS</b> <b>4000 Coral Ridge DRC-230</b> <b>Pompano Beach, FL 33065</b> Date(s) debt was incurred _ Last 4 digits of account number <u>2564</u>	<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> _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.00</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>First Data Merchant SVS</b> <b>4000 Coral Ridge DRC-230</b> <b>Pompano Beach, FL 33065</b> Date(s) debt was incurred _ Last 4 digits of account number <u>3324</u>	<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> _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$633.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>First Data Merchant SVS</b> <b>4000 Coral Ridge DRC-230</b> <b>Pompano Beach, FL 33065</b> Date(s) debt was incurred _ Last 4 digits of account number <u>4847</u>	<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> _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$850.00</b>

3.17 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$671.00**  
**First Data Merchant SVS**  
**4000 Coral Ridge DRC-230**  
**Pompano Beach, FL 33065**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **5824**  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.18 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,581.00**  
**First Data Merchant SVS**  
**4000 Coral Ridge DRC-230**  
**Pompano Beach, FL 33065**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **9713**  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.19 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$304,725.00**  
**Henderson Holdings LLC**  
**c/o Kahrs Law Offices, P.A.**  
**PO Box 780487**  
**Wichita, KS 67278**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: **2016-LM-017584-CS**  
Is the claim subject to offset?  No  Yes

3.20 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
**Jay Pro, LLC**  
**John Profrazier**  
**11010 West 1st Ct. N.**  
**Wichita, KS 67212**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: **rent**  
**703 N. West St.**  
**Wichita, KS 67203**  
Is the claim subject to offset?  No  Yes

3.21 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
**Kansas Gas Service**  
**7421 West 129th St.**  
**Overland Park, KS 66213**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.22 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$5,038.00**  
**KSAS**  
**c/o Gary L. Fanning, Jr.**  
**Butler & Associates, P.A.**  
**3706 S. Topeka Blvd, Ste 300**  
**Topeka, KS 66609**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.23 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
**Lease Consultants Corporation**  
**Box 71397**  
**Clive, IA 50325**  
 Contingent  
 Unliquidated  
 Disputed  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **8314**  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.24 Nonpriority creditor's name and mailing address **Loan Hero** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
**4225 Executive Sq #485**  
**La Jolla, CA 92037**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.25 Nonpriority creditor's name and mailing address **Max and Diane Vaughan** As of the petition filing date, the claim is: *Check all that apply.* **\$26,000.00**  
**1314 Auburn Hills**  
**Wichita, KS 67235**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.26 Nonpriority creditor's name and mailing address **New Rapid of Kansas, LLC** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**  
**1223 N. Rock Rd.**  
**Wichita, KS 67206**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: **Rent**  
**901 S. Woodlawn**  
**Wichita, KS 67218**  
Is the claim subject to offset?  No  Yes

3.27 Nonpriority creditor's name and mailing address **ReachLocal, Inc.** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
**21700 Oxnard St. #1600**  
**Woodland Hills, CA 91367-7586**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.28 Nonpriority creditor's name and mailing address **Register Tape Network/Adcart** As of the petition filing date, the claim is: *Check all that apply.* **\$1,320.00**  
**PO Box 204277**  
**Dallas, TX 75320-4277**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number **0625**  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.29 Nonpriority creditor's name and mailing address **SOFI Lending Corp** As of the petition filing date, the claim is: *Check all that apply.* **\$107,729.00**  
**One Letterman Drive**  
**Building A**  
**San Francisco, CA 94129**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.30 Nonpriority creditor's name and mailing address **Steven Lee Slusser** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
**9545 W. Ryan Ct.**  
**Wichita, KS 67205**  
Date(s) debt was incurred \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
Basis for the claim: \_\_\_\_\_  
Is the claim subject to offset?  No  Yes

3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Tempoe LLC</b> <b>aka WhyNotLeasing, LLC</b> <b>1750 Elm St. Ste 1200</b> <b>Manchester, NH 03104-2907</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> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Tony Win Truitt</b> <b>1577 S. Fivewood Cir</b> <b>Wichita, KS 67235</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> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Waste Connections</b> <b>2745 N. Ohio St.</b> <b>Wichita, KS 67219</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> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Westar Energy</b> <b>PO Box 889</b> <b>Topeka, KS 66601-0889</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> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Wichita Public Works &amp; Utiliti</b> <b>455 N. Main, 8th Floor</b> <b>Wichita, KS 67202</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> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.36	<b>Nonpriority creditor's name and mailing address</b> <b>X-Press Signs &amp; Graphics LLC</b> <b>5830 W. Hendrx Avenue</b> <b>Wichita, KS 67209</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1959</u>	<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> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,689.23</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>Gary L. Fanning, Jr.</b> <b>Butler &amp; Associates, PA</b> <b>3706 S. Topeka Blvd., Ste 300</b> <b>Topeka, KS 66609</b>	Line <u>3.22</u>  <input type="checkbox"/> Not listed. Explain _____	-



Debtor <u>Sluss &amp; Ray, LLC</u>		Case number (if known) _____
Name		
	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
4.2	<b>IC Systems</b> PO Box 64437 Saint Paul, MN 55164-0437	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____
4.3	<b>Jon E. Newman</b> Hite, Fanning & Honeyman LLP 100 N. Broadway, Ste 950 Wichita, KS 67202-2209	Line <u>2.8</u> <input type="checkbox"/> Not listed. Explain _____
4.4	<b>Mark Kahrs</b> Kahrs Law Offices PA PO Box 780487 Wichita, KS 67278	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____
4.5	<b>MCA International, Inc.</b> 125 S. Wacker Dr. Suite 1210 Chicago, IL 60606	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____
4.6	<b>Mid-Mediation &amp; Settlement SVS</b> 712 S. Kansas Ave, Suite 400 Topeka, KS 66603	Line <u>2.8</u> <input type="checkbox"/> Not listed. Explain _____
4.7	<b>Recheck, Inc.</b> PO Box 782438 Wichita, KS 67278	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain _____
4.8	<b>Richard K. Thompson</b> Martin, Pringle, Oliver, Wallace & Bauer, LLP 100 N. Broadway, Suite 500 Wichita, KS 67202	Line <u>3.25</u> <input type="checkbox"/> Not listed. Explain _____
4.9	<b>The Law Office</b> of Michael A. Priddle, LLC 445 N. Waco Street Wichita, KS 67202	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____
4.10	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____
4.11	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____
4.12	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____
4.13	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.4</u> <input type="checkbox"/> Not listed. Explain _____

Debtor <u>Sluss &amp; Ray, LLC</u>		Case number (if known) _____	
Name			
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	
		Last 4 digits of account number, if any	
4.14	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.6</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.7</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.10</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.11</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.12</u> <input type="checkbox"/> Not listed. Explain _____	—
4.20	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.13</u> <input type="checkbox"/> Not listed. Explain _____	—
4.21	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.14</u> <input type="checkbox"/> Not listed. Explain _____	—
4.22	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.15</u> <input type="checkbox"/> Not listed. Explain _____	—
4.23	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.16</u> <input type="checkbox"/> Not listed. Explain _____	—
4.24	<b>U.S. Department of Labor</b> 401 N. Market Street Wichita, KS 67202-2089	Line <u>2.17</u> <input type="checkbox"/> Not listed. Explain _____	—
4.25	<b>Zwicker &amp; Associates, PC</b> 80 Minuteman Road Andover, MA 01810-1008	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain _____	<u>8268</u>

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

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

5a. Total claims from Part 1 5a. Total of claim amounts  
 \$ 88,463.35

Debtor **Sluss & Ray, LLC**  
Name

Case number (if known)

**5b. Total claims from Part 2**

5b. + \$ **558,021.56**

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

5c. \$ **646,484.91**

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

Debtor name Sluss & Ray, LLC

United States Bankruptcy Court for the: DISTRICT OF KANSAS

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 **Franchise Agreement**

State the term remaining

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

**Aamco Transmissions, Inc.  
201 Gibraltar Road  
Horsham, PA 19044**

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

State the term remaining

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

**First Data Merchant SVS  
4000 Coral Ridge DRC-230  
Pompano Beach, FL 33065**

2.3. State what the contract or lease is for and the nature of the debtor's interest **703 N. West St.  
Wichita, KS 67203**

State the term remaining

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

**Jay Pro, LLC  
John Profrazier  
11010 West 1st Ct. N.  
Wichita, KS 67212**

**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**

2.4. State what the contract or lease is for and the nature of the debtor's interest  
TK5080V 80 Gal Tan Compressor  
S#636084550812  
Used 34788 Robinar  
S#231967  
Used DSP9000 Hunter  
S#105254-1-0  
TC950 Tire Changer  
S#1627-044-, 136176-2  
OTC1585A Power Train Table  
OTC Strut Compressor  
Misc Accessories  
2 Ton Fast Jack  
24 months

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

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

Lease Consultants Corporation  
Box 71397  
Clive, IA 50325

2.5. State what the contract or lease is for and the nature of the debtor's interest  
901 S. Woodlawn  
Wichita, KS 67218

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

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

New Rapid of Kansas, LLC  
1223 N. Rock Rd.  
Wichita, KS 67206

2.6. State what the contract or lease is for and the nature of the debtor's interest  
Advertising

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

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

Register Tape Network/Adcart  
PO Box 204277  
Dallas, TX 75320-4277

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

Debtor name Sluss & Ray, LLC

United States Bankruptcy Court for the: DISTRICT OF KANSAS

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	Chad Raymond	2407 East Ridge Ct. Goddard, KS 67052	Emprise Bank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.10</u> <input type="checkbox"/> G _____
2.2	Chad Raymond	2407 East Ridge Ct. Goddard, KS 67052	Emprise Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Chad Raymond	2407 East Ridge Ct. Goddard, KS 67052	Emprise Bank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.11</u> <input type="checkbox"/> G _____
2.4	Chad Raymond	2407 East Ridge Ct. Goddard, KS 67052	Henderson Holdings LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
2.5	Steven Lee Slusser	9545 W. Ryan Ct. Wichita, KS 67205	Henderson Holdings LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____

Debtor **Sluss & Ray, LLC**

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

2.6 **Steven Lee Slusser** 9545 W. Ryan Ct. Wichita, KS 67205 **Emprise Bank**  D \_\_\_\_\_  E/F 3.10  G \_\_\_\_\_

2.7 **Steven Lee Slusser** 9545 W. Ryan Ct. Wichita, KS 67205 **Emprise Bank**  D 2.1  E/F \_\_\_\_\_  G \_\_\_\_\_

2.8 **Steven Lee Slusser** 9545 W. Ryan Ct. Wichita, KS 67205 **Emprise Bank**  D \_\_\_\_\_  E/F 3.11  G \_\_\_\_\_

2.9 **Tony Win Truitt** 1577 S. Fivewood Cir Wichita, KS 67235 **Henderson Holdings LLC**  D \_\_\_\_\_  E/F 3.19  G \_\_\_\_\_

2.10 **Tony Win Truitt** 1577 S. Fivewood Cir Wichita, KS 67235 **Emprise Bank**  D \_\_\_\_\_  E/F 3.10  G \_\_\_\_\_

2.11 **Tony Win Truitt** 1577 S. Fivewood Cir Wichita, KS 67235 **Emprise Bank**  D 2.1  E/F \_\_\_\_\_  G \_\_\_\_\_

2.12 **Tony Win Truitt** 1577 S. Fivewood Cir Wichita, KS 67235 **Emprise Bank**  D \_\_\_\_\_  E/F 3.11  G \_\_\_\_\_

2.13 **Chad Raymond** 2407 East Ridge Ct. Goddard, KS 67052 **Aamco Transmissions, Inc.**  D \_\_\_\_\_  E/F \_\_\_\_\_  G 2.1

Debtor **Sluss & Ray, LLC**

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

2.14 **Steven Lee  
Slusser**                      **9545 W. Ryan Ct.  
Wichita, KS 67205**

**Aamco  
Transmissions, Inc.**

D \_\_\_\_\_  
 E/F \_\_\_\_\_  
 G 2.1



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

Debtor name Sluss & Ray, LLC

United States Bankruptcy Court for the: DISTRICT OF KANSAS

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

Check if this is an amended filing

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

12/15

**Part 1: Summary of Assets**

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

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>36,626.78</u>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>49,713.66</u>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>86,340.44</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>577,875.52</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>88,463.35</u>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>558,021.56</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>1,224,360.43</u>

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

Debtor name Sluss & Ray, LLC

United States Bankruptcy Court for the: DISTRICT OF KANSAS

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 March 9, 2017      **X /s/ Chad Raymond**  
 \_\_\_\_\_  
 Signature of individual signing on behalf of debtor

**Chad Raymond**  
 \_\_\_\_\_  
 Printed name

**Owner**  
 \_\_\_\_\_  
 Position or relationship to debtor

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

Debtor name Sluss & Ray, LLC  
 United States Bankruptcy Court for the: DISTRICT OF KANSAS  
 Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 207**

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

04/16

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

**Part 1: Income**

**1. Gross revenue from business**

None.

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

**Sources of revenue**  
Check all that apply

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

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

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

**\$44,769.90**

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

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

**\$708,719.73**

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

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

**\$269,605.00**

**For the fiscal year:**  
From **1/01/2014** to **12/31/2014**

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

**\$116,003.00**

**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 <i>Check all that apply</i>
3.1. <b>Blue Cross Blue Shield of Kansas</b>	12/30/16 1/11/17 1/30/17 2/28/17	<b>\$9,535.82</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Health Insurance</b>
3.2. <b>Tempoe LLC aka WhyNotLeasing, LLC 1750 Elm St. Ste 1200 Manchester, NH 03104-2907</b>	12/5/16 12/6/16 12/23/16 12/29/2016 1/20/17 2/6/17	<b>\$9,605.55</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __
3.3. <b>Internal Revenue Service Mail Stop 5334 Advisory/Insolv 2850 NE Independence Ave Lees Summit, MO 64064</b>	12/15/16 1/17/17 2/15/17	<b>\$10,338.48</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Taxes</b>
3.4. <b>Kansas Department of Revenue 915 SW Harrison St. Topeka, KS 66612-1588</b>	12/15/16 12/28/16 1/26/17 2/15/17 2/28/17	<b>\$20,420.50</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Taxes</b>
3.5. <b>Advanced Auto Parts</b>	12/8/16 12/18/16 12/21/16 12/23/16 12/27/16 1/10/17 1/20/17 2/14/17 2/27/17 2/28/17	<b>\$10,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other __

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.6. <b>Autozone</b>	12/9/16 12/19/16 12/20/16 12/22/16 1/3/17 1/9/17 1/10/17 1/12/17 1/13/17 1/17/17 1/23/17 1/26/17 1/30/17 2/2/17 2/6/17 2/13/17 2/17/17 2/21/17 2/22/17 2/23/17 2/24/17 2/27/17 2/28/17	<b>\$17,508.98</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.7. <b>Kansas Secured Title</b>	12/12/16 1/3/17 2/1/17	<b>\$8,800.32</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Contract for Deed payment</u></b>
3.8. <b>New Rapid of Kansas</b>	12/2/16 1/10/17 2/2/17	<b>\$6,221.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Rent</u></b>
3.9. <b>A &amp; Reds</b>	12/47/16 12/19/16 1/10/17 1/3/17 1/16/17 1/23/17 2/2/17 2/13/17 1/30/17 2/21/17 2/7/2017	<b>\$21,702.95</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.10 <b>Jay Pro, LLC John Profrazier 11010 West 1st Ct. N. Wichita, KS 67212</b>	12/20/16 1/9/17 2/10/17	<b>\$6,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b><u>Rent</u></b>

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.11 LKQ	12/6/16 12/16/16 12/22/16 12/28/16 1/4/17 1/10/17 2/9/17 2/19/17 2/13/17 2/24/17	\$9,375.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___
3.12 Emprise Bank P.O. Box 2970 Wichita, KS 67201-2970	12/17/16 1/2/17 1/25/17 2/17/17	\$5,057.30	<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 ___
3.13 ReachLocal, Inc. 21700 Oxnard St. #1600 Woodland Hills, CA 91367-7586	1/4/17 1/5/17 12/6/16 2/1/17 2/8/17 2/24/17 2/28/17	\$8,050.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

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

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
------------------------------------------------------	-------	-----------------------	---------------------------------

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

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

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Merchant Money Company LLC 2055 Hessen Street Fullerton, CA 92833	Notice of UCC demand and request for Credit Card Receivables. Last 4 digits of account number: _____	2/13/2017	\$5,591.54

**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.	<b>KSAS vs CCWRW, LLC dba Aamco Transmissions &amp; Total Car Care Center 2016-LM-014001-CS</b>	<b>Recovery of Money</b>	<b>District Court of Sedgwick County, KS</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<b>Merchant Money Company LLC vs Sluss &amp; Ray, LLC</b>			<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	<b>National Funding, Inc vs Sluss &amp; Ray, LLC et al BC22335</b>	<b>Recovery of Money</b>	<b>Superior Court of State of California</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	<b>Callon vs Sluss &amp; Ray LLC and Aamco 38904-17</b>	<b>Kansas Act Against Discrimination or Kansas Age Discrimination in Employment</b>	<b>State of Kansas Kansas Human Rights Commission</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	<b>State of Kansas vs Chad Raymond Sluss &amp; Ray, LLC Mayhem Matress, LLC 2016-CV-000389-OT</b>		<b>District of Sedgwick County, KS</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	<b>Kansas Department of Revenue vs Sluss &amp; Ray, LLC Chad Raymond 2016-ST-002105</b>	<b>Tax Warrant</b>	<b>District Court of Sedgwick County, KS</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.7.	<b>Henderson Holdings LLC vs Chad Raymond Steven Lee Slusser Tony Truitt 2016-LM-017584-CS</b>	<b>Recovery of Money</b>	<b>District Court of Sedgwick County, KS</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	<b>National Funding, Inc vs Sluss &amp; Ray, LLC and Chad Raymond 2017-MV-000003-OS</b>	<b>Recovery of Money</b>	<b>District Court of Sedgwick County, LS</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.9. Devin S. Callon vs Slus & Ray LLC: CCWRW LLC; AAMCOT LLC: Kyle Livingston: Mark Barrientos and Chad W. Raymond 17-CV-01024	Complaint	United States District Court For the District of Kansas	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

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

None

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

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

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	-------------------------------------------	-------------	-------

**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. Hinkle Law Firm LLC 301 N. Main, Suite 2000 Wichita, KS 67202-4820	Retainer and Filing fee	11/9/2016 11/28/2016 11/30/2016 3/2/2017	\$16,500.00

Email or website address \_\_\_\_\_

Who made the payment, if not debtor? \_\_\_\_\_



	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.2.	<b>Eron Law Office 229 E. William, Suite 100 Wichita, KS 67202</b>	<b>Retainer and Filing Fee</b>	<b>1/30/17 2/28/17</b>	<b>\$8,500.00</b>

Email or website address \_\_\_\_\_

Who made the payment, if not debtor? \_\_\_\_\_

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

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

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

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

**Part 7: Previous Locations**

**14. Previous addresses**

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

Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

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

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

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**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<b>Emprise Bank P.O. Box 2970 Wichita, KS 67201-2970</b>	XXXX-1801	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	1/26/17	\$0.00
18.2.	<b>Franchise Fee Savings Account</b>	XXXX-4354	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	Early 2016	\$0.00
18.3.	<b>Emprise Bank P.O. Box 2970 Wichita, KS 67201-2970</b>	XXXX-2982	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	7/18/16	\$0.00

**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?

**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?**

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 Do not include Social Security number or ITIN. Dates business existed
-----------------------	-------------------------------------	------------------------------------------------------------------------------------------------------------

**26. Books, records, and financial statements**

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

None

Name and address	Date of service From-To
------------------	----------------------------

**26b.** List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement

within 2 years before filing this case.

None

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

None

**Name and address**

**If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address**

**27. Inventories**

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

No

Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

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

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.

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

No

Yes. Identify below.

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

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

No

Yes. Identify below.

**Name and address of recipient**

**Amount of money or description and value of property**

**Dates**

**Reason for providing the value**

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

No

Yes. Identify below.

**Name of the parent corporation**

**Employer Identification number of the parent corporation**

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

No

Yes. Identify below.

Debtor **Sluss & Ray, LLC**

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

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 **March 9, 2017**

**/s/ Chad Raymond**  
Signature of individual signing on behalf of the debtor

**Chad Raymond**  
Printed name

Position or relationship to debtor **Owner**

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

- No
- Yes

United States Bankruptcy Court
District of Kansas

In re Sluss & Ray, LLC
Debtor(s)

Case No.
Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

FLAT FEE

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

RETAINER

For legal services, I have agreed to accept and received a retainer of \$ 16,500.00
The undersigned shall bill against the retainer at an hourly rate of \$ 300.00
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

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. [Other provisions as needed]

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

Debtor(s)

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

**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.

**March 9, 2017**  
\_\_\_\_\_  
*Date*

**/s/ Edward J. Nazar**  
\_\_\_\_\_  
**Edward J. Nazar 09845**  
*Signature of Attorney*  
**Hinkle Law Firm LLC**  
**301 N. Main, Suite 2000**  
**Wichita, KS 67202-4820**  
**316-267-2000 Fax: 316-264-1518**  
\_\_\_\_\_  
*Name of law firm*

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Wichita KS 67217

Davin Callon  
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80 Minuteman Road  
Andover MA 01810-1008

**United States Bankruptcy Court  
District of Kansas**

In re **Sluss & Ray, LLC**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

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

Date: **March 9, 2017**

**/s/ Chad Raymond**

**Chad Raymond/Owner**

Signer/Title

**United States Bankruptcy Court  
District of Kansas**

In re Sluss & Ray, LLC

Debtor(s)

Case No.

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

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

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
------------------------------------------------------------	----------------	----------------------	------------------

**-NONE-**

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

I, the **Owner** of the partnership 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 March 9, 2017

Signature /s/ Chad Raymond  
Chad Raymond

*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.*