

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF MICHIGAN

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 **JDJ Hospitality, LLC**

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

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

3. Debtor's federal Employer Identification Number (EIN) **26-0729973**

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

**2701 East Grand River
East Lansing, MI 48823**

Number, Street, City, State & ZIP Code

Ingham
County

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

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

See Attached

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify:

Debtor **JDJ Hospitality, LLC**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

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

B. Check all that apply

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

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

72**8. Under which chapter of the Bankruptcy Code is the debtor filing?** Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

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

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

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

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

- ☒ No
- ☐ Yes.

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

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

Debtor **JDJ Hospitality, LLC**
Name

Case number (if known)

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

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

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

What is the hazard? _____

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

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☒ Yes. Insurance agency**Insurance Network**

Contact name

Jeff Bailey

Phone

(269) 441-2106**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*

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

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

Debtor **JDJ Hospitality, 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 **April 30, 2018**
MM / DD / YYYY**X /s/ Joseph Lopez**

Signature of authorized representative of debtor

Joseph Lopez

Printed name

Title **Member****18. Signature of attorney****X /s/ Cody H. Knight**

Signature of attorney for debtor

Date **April 30, 2018**

MM / DD / YYYY

Cody H. Knight (P64811)

Printed name

Rayman & Knight

Firm name

141 E. Michigan Avenue**Suite 301****Kalamazoo, MI 49007**

Number, Street, City, State & ZIP Code

Contact phone **(269) 345-5156**

Email address

(P64811) MI

Bar number and State

UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF MICHIGAN

IN THE MATTER OF:

JDJ HOSPITALITY, LLC,

Debtor.

__ / /

ATTACHMENT TO VOLUNTARY PETITION FOR
NON-INDIVIDUALS FILING FOR BANKRUPTCY

4. Debtor's Address – Location of principal assets, if different from principal place of business:

Denny's 7909
3900 28th Street SE
Kentwood, MI 49508

Denny's 7910
7330 West Saginaw Highway
Lansing, MI 48917

Denny's 7911
631 E. 24th Street
Holland, MI 49423

Denny's 8592
7800 West Grand River
Grand Ledge, MI 48837

Denny's 9213
3520 Green Street
Muskegon, MI 49444

Denny's 9296
878 Munson Avenue
Traverse City, MI 49696

12. Location of personal property requiring attention. The Debtor has inventory at its principal place of business and the above locations. The property will be protected by the Debtor's continued operations.

Fill in this information to identify the case:Debtor name JDJ Hospitality, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

Case number (if known) _____

☐ Check if this is an amended filingOfficial 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 April 30, 2018X /s/ Joseph Lopez

Signature of individual signing on behalf of debtor

Joseph Lopez

Printed name

Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **JDJ Hospitality, LLC**
 United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**
 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
ECN Financial LLC 655 Business Center Drive Horsham, PA 19044	jconlon@pnc.com	All Inclusive Lien		\$2,279,014.77	\$150,867.10	\$2,128,147.67
Direct Capital CIT 900 Merchants Concourse #216 Westbury, NY 11590	Fax: 1-800-501-6847	Equipment - West Saginaw, Lansing		\$154,130.66	\$20,000.00	\$134,130.66
Ascentium Capital LLC PO Box 301593 Dallas, TX 75303	service@ascentiumcapital.com Fax: 866-846-3679	Equipment / Traverse City		\$133,289.28	\$15,000.00	\$118,289.28
Gibraltar 400 Skokie Blvd. #375 Northbrook, IL 60062	www.gibraltarbc.com Fax: 1-800-963-6130	Vendor	Disputed			\$77,374.00
Chase/Cardmember Service PO Box 94014 Palatine, IL 60094	Fax: 1-800-945-2028	Credit Card				\$23,482.00
Gelardi Produce Company 1345 Rickett Road Brighton, MI 48116	www.gelardiproduce@gmail.com Fax: 248-660-4834	Vendor				\$15,681.71
La Grasso Bros. Inc. 5001 Bellevue PO Box 2638 Detroit, MI 48202	info@lagrasso.com Fax: (313)921-9468	Vendor				\$11,068.09
Pilot Travel Center PO Box 10146 Knoxville, TN 37939	facmaln@pilottravelcenters.com Fax: 865-474-2941	Vendor				\$9,495.52
PNC Bank PO Box 856177 Louisville, KY 40285	Fax: 1-800-558-8472	Credit Card				\$9,193.67

Debtor **JDJ Hospitality, 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 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
IQ Backoffice 2121 Rosecrans Avenue Suite 3350 El Segundo, CA 90245	jdjhapp@iqbackoffice.com Fax: 310-322-2311	Vendor				\$5,240.73
Comerica Bank / Cardmember Service PO Box 790408 Saint Louis, MO 63179	Fax: 1-866-486-1017	Credit Card				\$5,210.96
Lawn Tech PO Box 190 Grand Ledge, MI 48837	info@lawntechofmi.com	Vendor				\$4,372.00
Michigan Restaurant Services 614 N. Main Street Olivet, MI 49076	jswanson@bildoninc.com Fax: 269-280-6016	Vendor				\$4,193.00
Michael F. Holler Architects 1968 Shady Oak Circle Allison Park, PA 15101	mfharc@mac.com	Vendor				\$4,000.00
B&B Mechanical Services LLC 8475 Sparta Line Road Sparta, MI 49345	info@myhvacguys.com	Vendor				\$2,014.42
Ecolab Food Safety Specialties 24198 Network Place Chicago, IL 60673	ecolab.com Fax: 1-800-352-5326	Vendor				\$1,992.81
Aunt Millie's Bakeries PO Box 13099 Fort Wayne, IN 46867	customerservice@auntmillies.com	Vendor				\$1,889.40
Seaman's 2510 Oak Industrial Drive NE Grand Rapids, MI 49505	seamansmechanical.com Fax: (616)458-0605	Vendor				\$1,574.52
Caretakers Property Maintenance 161 Ottawa Ave., NW Suite 104 Grand Rapids, MI 49503	info@caretakerspropertymaintenance.com Fax: 616-575-6051	Vendor				\$1,250.00

Debtor **JDJ Hospitality, 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 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
Koorsen Fire & Security 2719 North Arlington Avenue Indianapolis, IN 46218	info@koorsen.com Fax: 231-923-0010	Vendor				\$1,240.07

Fill in this information to identify the case:Debtor name JDJ Hospitality, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

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

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ <u>297,900.00</u>
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ <u>297,900.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>2,980,485.33</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>1,118,789.42</u>
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>248,555.77</u>
4. Total liabilities	
Lines 2 + 3a + 3b	\$ <u>4,347,830.52</u>

Fill in this information to identify the case:Debtor name JDJ Hospitality, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

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
\$13,900.00

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

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. PNC Bank	Main Account / Checking	4875	\$0.00
3.2. PNC Bank	Transfer Account	7584	\$259.58
3.3. Huntington National Bank	Checking		\$14,740.42

4. Other cash equivalents (Identify all)

4.1. Credit Card Receipts (estimated)	\$25,000.00
----------------------------------------------	--------------------

5. Total of Part 1.

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

\$53,900.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

Debtor JDJ Hospitality, LLC
Name

Case number (If known) _____

- ☒ 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.

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				
	Food - \$64,000.00				
	Non-ingredients - \$30,000.00		\$0.00		\$94,000.00

23. Total of Part 5.

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

\$94,000.00

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

- ☐ No
☒ Yes

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

- ☐ No
☒ Yes. Book value 0 Valuation method _____ Current Value 0

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

- ☒ No
☐ Yes

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

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

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

Debtor JDJ Hospitality, LLC
Name

Case number (If known) _____

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

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

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

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture and Fixtures	\$0.00		\$10,000.00

40. Office fixtures

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.

\$10,000.00

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, Fixtures and Equipment - \$20,000.00 per each seven locations	\$0.00		\$140,000.00

51. Total of Part 8.

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

\$140,000.00

Debtor JDJ Hospitality, LLC
Name

Case number (If known) _____

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

☐ No☒ Yes

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

☒ No☐ Yes**Part 9: Real property**

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

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

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. Debtor leases all real estate listed on Schedule G

Leasehold

Notice Only

\$0.00

56. Total of Part 9.

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

\$0.00

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

☒ No☐ Yes

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

☒ No☐ Yes**Part 10: Intangibles and intellectual property**

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

☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**

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

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

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

Debtor **JDJ Hospitality, LLC**
Name

Case number (If known) _____

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$53,900.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$94,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$10,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$140,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$297,900.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$297,900.00

Fill in this information to identify the case:Debtor name JDJ Hospitality, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

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

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Ascentium Capital LLC <small>Creditor's Name</small> PO Box 301593 Dallas, TX 75303 <small>Creditor's mailing address</small> service@ascentiumcapital.com <small>Creditor's email address, if known</small> Date debt was incurred 8/18/16 Last 4 digits of account number 1535 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Equipment / Traverse City Describe the lien Equipment Finance Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$133,289.28	\$15,000.00

2.2	Direct Capital CIT <small>Creditor's Name</small> 900 Merchants Concourse #216 Westbury, NY 11590 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number 9005 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Sign - Traverse City Describe the lien Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$29,420.37	\$10,000.00
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Debtor **JDJ Hospitality, LLC**

Case number (if know)

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 Direct Capital CIT**

Creditor's Name

**900 Merchants Concourse
#216
Westbury, NY 11590**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****9006****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

Equipment - Traverse City**\$84,630.25****\$15,000.00**

Describe the lien

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 Direct Capital CIT**

Creditor's Name

**900 Merchants Concourse
#216
Westbury, NY 11590**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****9007****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

Equipment - West Saginaw, Lansing**\$154,130.66****\$20,000.00**

Describe the lien

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 ECN Financial LLC**

Creditor's Name

**655 Business Center Drive
Horsham, PA 19044**

Creditor's mailing address

jconlon@pnc.com

Describe debtor's property that is subject to a lien

All Inclusive Lien**\$2,279,014.77****\$150,867.10**

Describe the lien

Lien

Is the creditor an insider or related party?

☒ No

Debtor **JDJ Hospitality, LLC**

Case number (if know)

Name

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

Date debt was incurred

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)Last 4 digits of account number
2001

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☐ Disputed2.6 **ECN Financial LLC**

Creditor's Name

**655 Business Center Drive
Horsham, PA 19044**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number
2002

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

\$300,000.00**\$0.00****All Inclusive Lien**

Describe the lien

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☐ Disputed2.7 **Meadowbrook Meat Company**

Creditor's Name

**2641 Meadowbrook Road
Rocky Mount, NC 27802**

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

\$0.00**\$0.00****Security Deposit / MBM Food / Notice Only**

Describe the lien

First lien on inventory and deposits

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

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

\$2,980,485.3

Debtor **JDJ Hospitality, LLC**
Name

Case number (if know)

3

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

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

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

Name and address

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

Fill in this information to identify the case:Debtor name **JDJ Hospitality, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**

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 City of Lansing Treasurer PO Box 19219 Lansing, MI 48901 Date or dates debt was incurred 2018 Last 4 digits of account number 9973 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Withholding Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,432.17	\$1,432.17
2.2	Priority creditor's name and mailing address City of Muskegon Income Tax Department PO Box 29 Muskegon, MI 49443 Date or dates debt was incurred 2018 Last 4 digits of account number 9973 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Withholding Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$260.97	\$260.97

Debtor	JDJ Hospitality, LLC Name	Case number (if known)
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2.3	Priority creditor's name and mailing address Grand Rapids City Income Tax PO Box 347 Grand Rapids, MI 49501	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	\$563.00	\$563.00
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Date or dates debt was incurred 2018	Basis for the claim: Withholding Taxes
------------------------------------------------	--------------------------------------------------

Last 4 digits of account number 9973 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

2.4	Priority creditor's name and mailing address Internal Revenue Service Special Procedures, Stop 93 3251 North Evergreen Drive NE Grand Rapids, MI 49525	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	\$0.00	\$0.00
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Date or dates debt was incurred	Basis for the claim: Notice Only
---------------------------------	--------------------------------------------

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

2.5	Priority creditor's name and mailing address Internal Revenue Service PO Box 32500 Stop 15 Detroit, MI 48232	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	\$0.00	\$0.00
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Date or dates debt was incurred	Basis for the claim: Notice Only
---------------------------------	--------------------------------------------

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

2.6	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency PO Box 7346 Philadelphia, PA 19101	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	\$0.00	\$0.00
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Date or dates debt was incurred	Basis for the claim: Notice Only
---------------------------------	--------------------------------------------

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

Debtor	JDJ Hospitality, LLC Name	Case number (if known)
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2.7	Priority creditor's name and mailing address Internal Revenue Service PO Box 804522 Cincinnati, OH 45280	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	\$290,000.00	\$290,000.00
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Date or dates debt was incurred 2018	Basis for the claim: Withholding Taxes
------------------------------------------------	--------------------------------------------------

Last 4 digits of account number 9973 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

2.8	Priority creditor's name and mailing address Michigan Department of Treas. PO Box 30199 Lansing, MI 48909	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	\$0.00	\$0.00
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Date or dates debt was incurred	Basis for the claim: Notice Only
---------------------------------	--------------------------------------------

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

2.9	Priority creditor's name and mailing address Michigan Department of Treasur PO Box 30199 Lansing, MI 48909	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	\$781,778.37	\$0.00
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Date or dates debt was incurred 2017 - 2018	Basis for the claim: Withholding Taxes
-------------------------------------------------------	--------------------------------------------------

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.10	Priority creditor's name and mailing address Muskegon Heights City Income Tax 2724 Peck Street Muskegon, MI 49444	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	\$181.25	\$181.25
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Date or dates debt was incurred	Basis for the claim: Withholding Taxes
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

Debtor **JDJ Hospitality, LLC**

Case number (if known)

2.11	Priority creditor's name and mailing address Office of the U.S. Trustee 125 Ottawa NW, Suite 200R Grand Rapids, MI 49503	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	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.12	Priority creditor's name and mailing address State of Michigan Department of Treasury PO Box 30199 Lansing, MI 48910	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	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Notice Only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address Unemployment Insurance Agency 3024 W. Grand Blvd. Suite 11-500 Detroit, MI 48202	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	\$44,573.66	\$44,573.66
	Date or dates debt was incurred 2018 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Withholding Taxes 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 A Cap Plumbing Services 2786 Holton Whitehall Road Twin Lake, MI 49457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$592.00
3.2	Nonpriority creditor's name and mailing address Adelante 2513 Dunbar Drive Lansing, MI 48906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00

Debtor **JDJ Hospitality, LLC**

Case number (if known) _____

Name

3.3 Nonpriority creditor's name and mailing address

Aunt Millie's Bakeries
PO Box 13099
Fort Wayne, IN 46867Date(s) debt was incurred 2017 - 2018

Last 4 digits of account number _____

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

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes\$1,889.40

3.4 Nonpriority creditor's name and mailing address

B&B Mechanical Services LLC
8475 Sparta Line Road
Sparta, MI 49345

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes\$2,014.42

3.5 Nonpriority creditor's name and mailing address

Caretakers Property
Maintenance
161 Ottawa Ave., NW
Suite 104
Grand Rapids, MI 49503Date(s) debt was incurred 2017 - 2018

Last 4 digits of account number _____

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

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes\$1,250.00

3.6 Nonpriority creditor's name and mailing address

Chase/Cardmember Service
PO Box 94014
Palatine, IL 60094

Date(s) debt was incurred _____

Last 4 digits of account number 9891As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: Credit CardIs the claim subject to offset? ☒ No ☐ Yes\$23,482.00

3.7 Nonpriority creditor's name and mailing address

Chris Ward
337 N. Hayward Avenue
Lansing, MI 48912Date(s) debt was incurred 2018

Last 4 digits of account number _____

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

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes\$600.00

3.8 Nonpriority creditor's name and mailing address

Cintas Corporation
PO Box 630910
Cincinnati, OH 45263Date(s) debt was incurred 2018

Last 4 digits of account number _____

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

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes\$77.78

3.9 Nonpriority creditor's name and mailing address

Cintas Corporation
PO Box 631025
Cincinnati, OH 45263Date(s) debt was incurred 2017 - 2018

Last 4 digits of account number _____

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

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes\$1,145.35

Debtor JDJ Hospitality, LLC Name _____	Case number (if known) _____
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3.10	Nonpriority creditor's name and mailing address Cintas First Aid & Safety 6800 Cintas Blvd. Mason, OH 45040 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.78
3.11	Nonpriority creditor's name and mailing address Comerica Bank / Cardmember Service PO Box 790408 Saint Louis, MO 63179 Date(s) debt was incurred _____ Last 4 digits of account number <u>7308</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,210.96
3.12	Nonpriority creditor's name and mailing address Cozzini Bros. Inc. 350 Howard Avenue Des Plaines, IL 60018 Date(s) debt was incurred <u>2017 - 2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
3.13	Nonpriority creditor's name and mailing address Cunningham & Dalman 321 Settlers Road PO Box 1767 Holland, MI 49422 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$988.61
3.14	Nonpriority creditor's name and mailing address D&W Mechanical 1266 Industry Drive Suite A Traverse City, MI 49696 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.06
3.15	Nonpriority creditor's name and mailing address Denny's Inc. 14256 East Firestone Boulevard PO Box 605 La Mirada, CA 90637 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.16	Nonpriority creditor's name and mailing address Dutch Touch Window Cleaning 6393 Adams Street Zeeland, MI 49464 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00

Debtor **JDJ Hospitality, LLC**

Case number (if known) _____

Name

3.17 Nonpriority creditor's name and mailing address

**Ecolab
PO Box 70343
Chicago, IL 60673**Date(s) debt was incurred 2018

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$649.83**

3.18 Nonpriority creditor's name and mailing address

**Ecolab Food Safety
Specialties
24198 Network Place
Chicago, IL 60673**Date(s) debt was incurred 2017 - 2018

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$1,992.81**

3.19 Nonpriority creditor's name and mailing address

**Ecolab Pest Elimination
26252 Network Place
Chicago, IL 60673**Date(s) debt was incurred 2017 - 2018

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$363.58**

3.20 Nonpriority creditor's name and mailing address

**Facilities Resource Group
3404 Busch Drive Suite E
Grandville, MI 49418**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$755.14**

3.21 Nonpriority creditor's name and mailing address

**Field's Fire Protection Inc.
Drawer #2015
PO Box 5935
Troy, MI 48007**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$144.95**

3.22 Nonpriority creditor's name and mailing address

**Fire Pros Inc.
2710 Northridge Drive NW
Suite F
Grand Rapids, MI 49544**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$216.14**

3.23 Nonpriority creditor's name and mailing address

**Gelardi Produce Company
1345 Rickett Road
Brighton, MI 48116**Date(s) debt was incurred 2017 - 2018

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$15,681.71**

Debtor **JDJ Hospitality, LLC**

Case number (if known) _____

Name

3.24 Nonpriority creditor's name and mailing address

Gibraltar
400 Skokie Blvd.
#375
Northbrook, IL 60062

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$77,374.00**

3.25 Nonpriority creditor's name and mailing address

Industrial Steam Cleaning
5710 Bella Rosa Blvd.
Suite 400
Clarkston, MI 48348

Date(s) debt was incurred 2018

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$425.00**

3.26 Nonpriority creditor's name and mailing address

IQ Backoffice
2121 Rosecrans Avenue
Suite 3350
El Segundo, CA 90245

Date(s) debt was incurred 2018

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$5,240.73**

3.27 Nonpriority creditor's name and mailing address

Joseph Lopez
3350 Silver Spring Drive
DeWitt, MI 48820

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: LoansIs the claim subject to offset? ☒ No ☐ Yes**\$20,000.00**

3.28 Nonpriority creditor's name and mailing address

KB Equipment Service Inc.
1451 Becker Road
Hastings, MI 49058

Date(s) debt was incurred 2018

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$338.24**

3.29 Nonpriority creditor's name and mailing address

Koorsen Fire & Security
2719 North Arlington Avenue
Indianapolis, IN 46218

Date(s) debt was incurred 2018

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$1,240.07**

3.30 Nonpriority creditor's name and mailing address

La Grasso Bros. Inc.
5001 Bellevue
PO Box 2638
Detroit, MI 48202

Date(s) debt was incurred 2018

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$11,068.09**

Debtor **JDJ Hospitality, LLC**

Case number (if known) _____

Name

3.31 Nonpriority creditor's name and mailing address

**Lawn Tech
PO Box 190
Grand Ledge, MI 48837**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$4,372.00**

3.32 Nonpriority creditor's name and mailing address

**Mahoney Environmental
37458 Eagle Way
Chicago, IL 60678**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$795.00**

3.33 Nonpriority creditor's name and mailing address

**Michael F. Holler Architects
1968 Shady Oak Circle
Allison Park, PA 15101**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$4,000.00**

3.34 Nonpriority creditor's name and mailing address

**Michigan Restaurant Services
614 N. Main Street
Olivet, MI 49076**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$4,193.00**

3.35 Nonpriority creditor's name and mailing address

**Mike's Lawncare & Snowplowing
297 W. 24th Street
Holland, MI 49423**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$1,070.00**

3.36 Nonpriority creditor's name and mailing address

**Muzak
PO Box 71070
Charlotte, NC 28272**Date(s) debt was incurred 2018

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$194.44**

3.37 Nonpriority creditor's name and mailing address

**North American Bancard
250 Stephenson Highway
Troy, MI 48083**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: VendorIs the claim subject to offset? ☒ No ☐ Yes**\$101.97**

Debtor **JDJ Hospitality, LLC**

Case number (if known) _____

Name

3.38	Nonpriority creditor's name and mailing address Ottawa County Health Dept. 12251 James Street Suite 200 Holland, MI 49424 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$727.00
3.39	Nonpriority creditor's name and mailing address Pilot Travel Center PO Box 10146 Knoxville, TN 37939 Date(s) debt was incurred <u>2017 - 2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,495.52
3.40	Nonpriority creditor's name and mailing address PNC Bank PO Box 856177 Louisville, KY 40285 Date(s) debt was incurred _____ Last 4 digits of account number <u>2342</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,193.67
3.41	Nonpriority creditor's name and mailing address Premco Financial Corporation PO Box 19367 Kalamazoo, MI 49019 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,079.15
3.42	Nonpriority creditor's name and mailing address Red Mountain Lighting 5402 S. 40th Street Phoenix, AZ 85040 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81.33
3.43	Nonpriority creditor's name and mailing address Roto Rooter PO Box 429 Holt, MI 48842 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.44	Nonpriority creditor's name and mailing address Safeguard Business Systems PO Box 88043 Chicago, IL 60680 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$199.53

Debtor	JDJ Hospitality, LLC Name _____	Case number (if known) _____
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3.45	Nonpriority creditor's name and mailing address Seaman's 2510 Oak Industrial Drive NE Grand Rapids, MI 49505 Date(s) debt was incurred <u>2017 - 2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,574.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address Simpson's Service Inc. PO Box 271 Leslie, MI 49251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$355.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	Nonpriority creditor's name and mailing address Spectrum Maintenance 120 Second Avenue Muskegon, MI 49444 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$368.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	Nonpriority creditor's name and mailing address Steve Warren PO Box 511 Acme, MI 49610 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$550.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	Nonpriority creditor's name and mailing address Unifirst Corporation 2476 Waldorf Court NW Suite C Walker, MI 49544 Date(s) debt was incurred <u>2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$37.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	Nonpriority creditor's name and mailing address Watertown Charter Township 12803 S. Wacousta Road Grand Ledge, MI 48837 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	Nonpriority creditor's name and mailing address William L. Darin 6016 Safety Drive Belmont, MI 49306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$35,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **JDJ Hospitality, LLC**
Name

Case number (if known)

3.52 Nonpriority creditor's name and mailing address

Williams Pumping Service Inc.
9317 S. Nash Road
Maple City, MI 49664Date(s) debt was incurred 2018Last 4 digits of account number As of the petition filing date, the claim is: *Check all that apply.***\$418.00**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

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

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

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

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Unemployment Ins. Agency PO Box 33598 Detroit, MI 48232	Line <u>2.13</u>	<u> </u>
		<input type="checkbox"/> Not listed. Explain <u> </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

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>1,118,789.42</u>
5b. +	\$ <u>248,555.77</u>
5c.	\$ <u>1,367,345.19</u>

Fill in this information to identify the case:Debtor name **JDJ Hospitality, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Property Address:**
3900 28th Street SE
Kentwood, MI 49508State the term remaining **\$7,210.00/month**
Expires: 09/2033

List the contract number of any government contract _____

3900 28th Street SE, LLC
Scott Graves
1474 Woodworth Street NE
Grand Rapids, MI 495252.2. State what the contract or lease is for and the nature of the debtor's interest **Property Address:**
631 E. 24th Street
Holland, MI 49423State the term remaining **\$6,500.00/month**
Expires: 2033

List the contract number of any government contract _____

BJ Holdings, LLC
333 W. North Avenue #111
Chicago, IL 606102.3. State what the contract or lease is for and the nature of the debtor's interest **Property Address:**
7330 West Saginaw
Highway
Lansing, MI 48917State the term remaining **\$6,660.00/month**
Expires: 2030

List the contract number of any government contract _____

Denny's Inc.
R.J. Klarchek
1470 West Old Mill Road
Lake Forest, IL 600452.4. State what the contract or lease is for and the nature of the debtor's interest **Property Address:**
2710 East Grand River
East Lansing, MI 48823State the term remaining **\$6,160.00/month**
Expires: 9/27/2027

List the contract number of any _____

Denny's Realty Inc.
Attn: Property Management Dept
203 E. Main Street
Spartanburg, SC 29319

Debtor 1 **JDJ Hospitality, LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

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

government contract

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

State the term remaining

List the contract number of any government contract

**Sub-Lease: / Property Address:
7330 West Saginaw Highway
Lansing, MI 48917****Densing, LLC
2126 W. Indian School Road
Phoenix, AZ 85015**

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

State the term remaining

List the contract number of any government contract

**Franchise Agreement(s) for each store
Expires: 2027****DFO, LLC
Attn: Mark Burges
203 E. Main Street
Spartanburg, SC 29319**

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

State the term remaining

List the contract number of any government contract

Notice Only / Franchise Agreement**Franchise Development
203 East Main Street
Spartanburg, SC 29319**

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

State the term remaining

List the contract number of any government contract

**Property Address:
3520 Green Street
Muskegon, MI 49444****\$7,000.00/month
Expires: 7/1/30****Marty Ellman
411 N. New River Drive E
#1406
Fort Lauderdale, FL 33301**

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

State the term remaining

List the contract number of any government contract

**Property Address:
7800 West Grand River
Grand Ledge, MI 48837****\$4,355.00/month****Pilot Travel Centers LLC
PO Box 146
Knoxville, TN 37939**

Debtor 1 **JDJ Hospitality, LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

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

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

Property Address:
878 Munson Avenue
Traverse City, MI 49696

State the term remaining

\$7,875.00/month
Expires: 2051

List the contract number of any government contract

The Kimura & Takano
Family Trust
2114 Greenleaf Drive
Cupertino, CA 95014

Fill in this information to identify the case:Debtor name JDJ Hospitality, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGAN

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 code debtor 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 | Joseph Lopez | 3350 Silver Spring Drive
DeWitt, MI 48820 | PNC Bank | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.40</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.2 | Joseph Lopez | 3350 Silver Spring Drive
DeWitt, MI 48820 | Chase/Cardmember Service | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.6</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.3 | Joseph Lopez | 3350 Silver Spring Drive
DeWitt, MI 48820 | 3900 28th Street SE, LLC | <input type="checkbox"/> D _____
<input type="checkbox"/> E/F _____
<input checked="" type="checkbox"/> G <u>2.1</u> |
| <hr/> | | | | |
| 2.4 | Joseph Lopez | 3350 Silver Spring Drive
DeWitt, MI 48820 | BJ Holdings, LLC | <input type="checkbox"/> D _____
<input type="checkbox"/> E/F _____
<input checked="" type="checkbox"/> G <u>2.2</u> |
| <hr/> | | | | |
| 2.5 | Joseph Lopez | 3350 Silver Spring Drive
DeWitt, MI 48820 | Denny's Inc. | <input type="checkbox"/> D _____
<input type="checkbox"/> E/F _____
<input checked="" type="checkbox"/> G <u>2.3</u> |

Debtor **JDJ Hospitality, 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	Joseph Lopez	3350 Silver Spring Drive DeWitt, MI 48820	Denny's Realty Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.4</u>
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2.7	Joseph Lopez	3350 Silver Spring Drive DeWitt, MI 48820	Marty Ellman	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.8</u>
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2.8	Joseph Lopez	3350 Silver Spring Drive DeWitt, MI 48820	Kimura Kazuo & Takana	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.10</u>
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2.9	William L. Darin	6016 Safety Drive Belmont, MI 49306	3900 28th Street SE, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.1</u>
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2.10	William L. Darin	6016 Safety Drive Belmont, MI 49306	BJ Holdings, LLC	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.2</u>
------	-------------------------	------------------------------------------------	-------------------------	----------------------------------------------------------------------------------------------------------------------------

2.11	William L. Darin	6016 Safety Drive Belmont, MI 49306	Denny's Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.3</u>
------	-------------------------	------------------------------------------------	---------------------	----------------------------------------------------------------------------------------------------------------------------

2.12	William L. Darin	6016 Safety Drive Belmont, MI 49306	Denny's Realty Inc.	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.4</u>
------	-------------------------	------------------------------------------------	----------------------------	----------------------------------------------------------------------------------------------------------------------------

2.13	William L. Darin	6016 Safety Drive Belmont, MI 49306	Marty Ellman	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.8</u>
------	-------------------------	------------------------------------------------	---------------------	----------------------------------------------------------------------------------------------------------------------------

Debtor **JDJ Hospitality, 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 **William L. Darin** **6016 Safety Drive**
Belmont, MI 49306

Kimura Kazuo &
Takana

☐ D _____☐ E/F _____☒ G **2.10** _____

**United States Bankruptcy Court
Western District of Michigan**

In re **JDJ Hospitality, LLC**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

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

Date: **April 30, 2018**

/s/ Joseph Lopez

Joseph Lopez/Member

Signer/Title

3900 28TH STREET SE, LLC
SCOTT GRAVES
1474 WOODWORTH STREET NE
GRAND RAPIDS MI 49525

A CAP PLUMBING SERVICES
2786 HOLTON WHITEHALL ROAD
TWIN LAKE MI 49457

ADELANTE
2513 DUNBAR DRIVE
LANSING MI 48906

ASCENTIUM CAPITAL LLC
PO BOX 301593
DALLAS TX 75303

AUNT MILLIE'S BAKERIES
PO BOX 13099
FORT WAYNE IN 46867

B&B MECHANICAL SERVICES LLC
8475 SPARTA LINE ROAD
SPARTA MI 49345

BJ HOLDINGS, LLC
333 W. NORTH AVENUE #111
CHICAGO IL 60610

CARETAKERS PROPERTY
MAINTENANCE
161 OTTAWA AVE., NW
SUITE 104
GRAND RAPIDS MI 49503

CHASE/CARDMEMBER SERVICE
PO BOX 94014
PALATINE IL 60094

CHRIS WARD
337 N. HAYWARD AVENUE
LANSING MI 48912

CINTAS CORPORATION
PO BOX 630910
CINCINNATI OH 45263

CINTAS CORPORATION
PO BOX 631025
CINCINNATI OH 45263

CINTAS FIRST AID & SAFETY
6800 CINTAS BLVD.
MASON OH 45040

CITY OF LANSING TREASURER
PO BOX 19219
LANSING MI 48901

CITY OF MUSKEGON
INCOME TAX DEPARTMENT
PO BOX 29
MUSKEGON MI 49443

COMERICA BANK / CARDMEMBER
SERVICE
PO BOX 790408
SAINT LOUIS MO 63179

COZZINI BROS. INC.
350 HOWARD AVENUE
DES PLAINES IL 60018

CUNNINGHAM & DALMAN
321 SETTLERS ROAD
PO BOX 1767
HOLLAND MI 49422

D&W MECHANICAL
1266 INDUSTRY DRIVE
SUITE A
TRAVERSE CITY MI 49696

DENNY'S INC.
14256 EAST FIRESTONE BOULEVARD
PO BOX 605
LA MIRADA CA 90637

DENNY'S INC.
R.J. KLARCHEK
1470 WEST OLD MILL ROAD
LAKE FOREST IL 60045

DENNY'S REALTY INC.
ATTN: PROPERTY MANAGEMENT DEPT
203 E. MAIN STREET
SPARTANBURG SC 29319

DENSING, LLC
2126 W. INDIAN SCHOOL ROAD
PHOENIX AZ 85015

DFO, LLC
ATTN: MARK BURGESS
203 E. MAIN STREET
SPARTANBURG SC 29319

DIRECT CAPITAL CIT
900 MERCHANTS CONCOURSE
#216
WESTBURY NY 11590

DIRECT CAPITAL CIT
900 MERCHANTS CONCOURSE
#216
WESTBURY NY 11590

DIRECT CAPITAL CIT
900 MERCHANTS CONCOURSE
#216
WESTBURY NY 11590

DUTCH TOUCH WINDOW CLEANING
6393 ADAMS STREET
ZEELAND MI 49464

ECN FINANCIAL LLC
655 BUSINESS CENTER DRIVE
HORSHAM PA 19044

ECN FINANCIAL LLC
655 BUSINESS CENTER DRIVE
HORSHAM PA 19044

ECOLAB
PO BOX 70343
CHICAGO IL 60673

ECOLAB FOOD SAFETY
SPECIALTIES
24198 NETWORK PLACE
CHICAGO IL 60673

ECOLAB PEST ELIMINATION
26252 NETWORK PLACE
CHICAGO IL 60673

FACILITIES RESOURCE GROUP
3404 BUSCH DRIVE SUITE E
GRANDVILLE MI 49418

FIELD'S FIRE PROTECTION INC.
DRAWER #2015
PO BOX 5935
TROY MI 48007

FIRE PROS INC.
2710 NORTHRIDGE DRIVE NW
SUITE F
GRAND RAPIDS MI 49544

FRANCHISE DEVELOPMENT
203 EAST MAIN STREET
SPARTANBURG SC 29319

GELARDI PRODUCE COMPANY
1345 RICKETT ROAD
BRIGHTON MI 48116

GIBRALTAR
400 SKOKIE BLVD.
#375
NORTHBROOK IL 60062

GRAND RAPIDS CITY INCOME TAX
PO BOX 347
GRAND RAPIDS MI 49501

INDUSTRIAL STEAM CLEANING
5710 BELLA ROSA BLVD.
SUITE 400
CLARKSTON MI 48348

INTERNAL REVENUE SERVICE
SPECIAL PROCEDURES, STOP 93
3251 NORTH EVERGREEN DRIVE NE
GRAND RAPIDS MI 49525

INTERNAL REVENUE SERVICE
PO BOX 32500
STOP 15
DETROIT MI 48232

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY
PO BOX 7346
PHILADELPHIA PA 19101

INTERNAL REVENUE SERVICE
PO BOX 804522
CINCINNATI OH 45280

IQ BACKOFFICE
2121 ROSECRANS AVENUE
SUITE 3350
EL SEGUNDO CA 90245

JOSEPH LOPEZ
3350 SILVER SPRING DRIVE
DEWITT MI 48820

JOSEPH LOPEZ
3350 SILVER SPRING DRIVE
DEWITT MI 48820

JOSEPH LOPEZ
3350 SILVER SPRING DRIVE
DEWITT MI 48820

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3350 SILVER SPRING DRIVE
DEWITT MI 48820

JOSEPH LOPEZ
3350 SILVER SPRING DRIVE
DEWITT MI 48820

KB EQUIPMENT SERVICE INC.
1451 BECKER ROAD
HASTINGS MI 49058

KOORSEN FIRE & SECURITY
2719 NORTH ARLINGTON AVENUE
INDIANAPOLIS IN 46218

LA GRASSO BROS. INC.
5001 BELLEVUE
PO BOX 2638
DETROIT MI 48202

LAWN TECH
PO BOX 190
GRAND LEDGE MI 48837

MAHONEY ENVIRONMENTAL
37458 EAGLE WAY
CHICAGO IL 60678

MARTY ELLMAN
411 N. NEW RIVER DRIVE E
#1406
FORT LAUDERDALE FL 33301

MEADOWBROOK MEAT COMPANY
2641 MEADOWBROOK ROAD
ROCKY MOUNT NC 27802

MICHAEL F. HOLLER ARCHITECTS
1968 SHADY OAK CIRCLE
ALLISON PARK PA 15101

MICHIGAN DEPARTMENT OF TREAS.
PO BOX 30199
LANSING MI 48909

MICHIGAN DEPARTMENT OF TREASUR
PO BOX 30199
LANSING MI 48909

MICHIGAN RESTAURANT SERVICES
614 N. MAIN STREET
OLIVET MI 49076

MIKE'S LAWN CARE & SNOWPLOWING
297 W. 24TH STREET
HOLLAND MI 49423

MUSKEGON HEIGHTS CITY
INCOME TAX
2724 PECK STREET
MUSKEGON MI 49444

MUZAK
PO BOX 71070
CHARLOTTE NC 28272

NORTH AMERICAN BANCARD
250 STEPHENSON HIGHWAY
TROY MI 48083

OFFICE OF THE U.S. TRUSTEE
125 OTTAWA NW, SUITE 200R
GRAND RAPIDS MI 49503

OTTAWA COUNTY HEALTH DEPT.
12251 JAMES STREET
SUITE 200
HOLLAND MI 49424

PILOT TRAVEL CENTER
PO BOX 10146
KNOXVILLE TN 37939

PILOT TRAVEL CENTERS LLC
PO BOX 146
KNOXVILLE TN 37939

PNC BANK
PO BOX 856177
LOUISVILLE KY 40285

PREMCO FINANCIAL CORPORATION
PO BOX 19367
KALAMAZOO MI 49019

RED MOUNTAIN LIGHTING
5402 S. 40TH STREET
PHOENIX AZ 85040

ROTO ROOTER
PO BOX 429
HOLT MI 48842

SAFEGUARD BUSINESS SYSTEMS
PO BOX 88043
CHICAGO IL 60680

SEAMAN'S
2510 OAK INDUSTRIAL DRIVE NE
GRAND RAPIDS MI 49505

SIMPSON'S SERVICE INC.
PO BOX 271
LESLIE MI 49251

SPECTRUM MAINTENANCE
120 SECOND AVENUE
MUSKEGON MI 49444

STATE OF MICHIGAN
DEPARTMENT OF TREASURY
PO BOX 30199
LANSING MI 48910

STEVE WARREN
PO BOX 511
ACME MI 49610

THE KIMURA & TAKANO
FAMILY TRUST
2114 GREENLEAF DRIVE
CUPERTINO CA 95014

UNEMPLOYMENT INS. AGENCY
PO BOX 33598
DETROIT MI 48232

UNEMPLOYMENT INSURANCE AGENCY
3024 W. GRAND BLVD.
SUITE 11-500
DETROIT MI 48202

UNIFIRST CORPORATION
2476 WALDORF COURT NW
SUITE C
WALKER MI 49544

WATERTOWN CHARTER TOWNSHIP
12803 S. WACOUSTA ROAD
GRAND LEDGE MI 48837

WILLIAM L. DARIN
6016 SAFETY DRIVE
BELMONT MI 49306

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6016 SAFETY DRIVE
BELMONT MI 49306

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6016 SAFETY DRIVE
BELMONT MI 49306

WILLIAM L. DARIN
6016 SAFETY DRIVE
BELMONT MI 49306

WILLIAMS PUMPING SERVICE INC.
9317 S. NASH ROAD
MAPLE CITY MI 49664

**United States Bankruptcy Court
Western District of Michigan**

In re **JDJ Hospitality, LLC**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

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

■ None [*Check if applicable*]

April 30, 2018

Date

/s/ Cody H. Knight**Cody H. Knight (P64811)**Signature of Attorney or Litigant
Counsel for **JDJ Hospitality, LLC****Rayman & Knight****141 E. Michigan Avenue****Suite 301****Kalamazoo, MI 49007****(269) 345-5156**