

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

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 Stinar HG, Inc.

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

3. Debtor's federal Employer Identification Number (EIN) 41-1911969

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

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Debtor **Stinar HG, Inc.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

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

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

3364

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	Oakridge Holdings, Inc.	Relationship	Parent
District	Minnesota	When	5/22/17
		Case number, if known	_____

Debtor **Stinar HG, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

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

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

No

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

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

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? **Arsenic, Cadmium, Lead, Vocs, Petroleum, and BaP Equivalent**

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?

**3255 Sibley Memorial Hwy
Saint Paul, MN, 55121-0000**

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency

Halberg Insurance

Contact name

Stewart Levin

Phone

6302423213

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 type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input checked="" 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 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 |

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 **Stinar HG, Inc.** Case number (if known) _____
Name

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 _____
MM / DD / YYYY

X _____ **Robert C. Harvey/Robert Gregor/Sue Krisnik**
Signature of authorized representative of debtor Printed name
Title **CEO & President/Vice President/Office Manager**

18. Signature of attorney **X** _____ Date _____
Signature of attorney for debtor MM / DD / YYYY

Kenneth C. Edstrom
Printed name
Sapientia Law Group
Firm name
120 S 6th St Ste 100
Minneapolis, MN 55402
Number, Street, City, State & ZIP Code
Contact phone **6127567100** Email address **kene@sapientialaw.com**
148696
Bar number and State

Fill in this information to identify the case:

Debtor name Stinar HG, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

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
Garelick Steel Co., Inc. Kim Bliese 1900 North 2nd Street Minneapolis, MN 55411						\$80,359.85
Kruckeberg/Minimizer Julie Strand 500 Minimizer Way SE Blooming Pr, MN 55917		Parts		\$70,000.00	\$0.00	\$70,000.00
Chase Cardmember Service P. O. Box 94014 Palatine,, IL 60094-4014						\$48,650.15
FinishMaster, Inc. Pam Aynes 1643 Solutions Center Chicago,, IL 60677-1006						\$25,623.86
American Express Box 0001 Los Angeles,, CA 90096-8000						\$23,331.08
Ford Motor Credit Company Irving Bus. Ctr, Dept C PO Box 152496 Irving,, TX 75015-2496						\$21,903.20

Debtor **Stinar HG, Inc.**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Wells Fargo (Acct. HS) P. O. Box 6426 Carol Stream,, IL 60197-6426						\$17,084.02
Blue Rock Refinishing Solutions Tom Maslowski 2974 Cleveland Avenue North Roseville,, MN 55113						\$12,679.72
Ruff Mfg, Inc. Pat 21105 Edmonton Avenue Farmington,, MN 55024						\$7,878.54
Grainger Parts Financial Services Dept #806673018 Palantine,, IL 60038-0001						\$7,616.89
Minneapolis Sheet Metal Works Alice Price 9 Eighth Avenue Southwest New Brighton,, MN 55112						\$6,929.50
Ground Support Products Katey Hunt 42 Winter Street, Unit 5 Pembroke,, MA 02359						\$6,141.61
Fibergrate Cmpste Structures Priyanka Shah P. O. Box 931944 Cleveland,, OH 44193						\$6,000.00
West Island Ford Lincoln 3850 Boul Des Sources Dollard-Des-Ormeau x QUEBEC CITY H9B 2CB, QUEBEC						\$5,767.92

Debtor **Stinar HG, Inc.**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Patton Indust Prods, Inc. Todd Patton 8410 Pillsbury Avenue South Bloomington,, MN 55420						\$5,499.38
Wells Fargo		Credit card				\$5,302.92
Oxygen Service Patty Poeschl P. O. Box 856670 Minneapolis,, MN 55485-6670						\$5,232.59
Midwest Crating Unlimited Michele Johnston 6805 -- 20th Ave S Ste #100 Centerville,, MN 55038						\$4,445.00
Harper Industries Teresa Dodgen 151 East Highway 160 Harper,, KS 67058						\$4,262.25
JEM Technical Mktg Co., Inc. Donna Foss 550 North Old Crystal Bay Road Orono,, MN 55356-5612						\$3,525.82

Fill in this information to identify the case:

Debtor name Stinar HG, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

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>2,200,000.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>6,023,689.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>8,223,689.00</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>1,856,968.85</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>0.00</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>1,060,277.49</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>2,917,246.34</u>

Fill in this information to identify the case:

Debtor name Stinar HG, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

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
\$400.00

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. **Signature Bank** **Checking** **\$27,146.00**

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.

\$27,546.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

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

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

7.1. **Prepaid Expenses** **\$4,502.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

Debtor Stinar HG, Inc. Case number (if known) _____
 Name

9. **Total of Part 2.** \$4,502.00
 Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

11. **Accounts receivable**

11a. 90 days old or less: 257,165.00 - 0.00 = \$257,165.00
 face amount doubtful or uncollectible accounts

11b. Over 90 days old: 45,544.00 - 0.00 = \$45,544.00
 face amount doubtful or uncollectible accounts

12. **Total of Part 3.** \$302,709.00
 Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

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

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 Misc.	<u>06/30/2016</u>	<u>\$0.00</u>		<u>\$393,537.00</u>
20.	Work in progress Per latest schedule	<u>06/30/2016</u>	<u>\$0.00</u>		<u>\$493,857.00</u>

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**

23. **Total of Part 5.** \$887,394.00
 Add lines 19 through 22. Copy the total to line 84.

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

- No
 Yes

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

Debtor Stinar HG, Inc. Case number (if known) _____
 Name

- No
 Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?
 No
 Yes

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

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

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

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

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

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

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Furniture and Fixtures	\$67,045.00	Appraisal	Unknown
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Software/Hardware	\$242,675.00		Unknown

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. \$0.00

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

Debtor Stinar HG, Inc. Case number (if known) _____
 Name

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

47.1. Autos and Trucks \$64,623.00 \$64,623.00

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 \$791,383.00 \$791,383.00

51. **Total of Part 8.**

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

\$856,006.00

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

No
 Yes

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

No
 Yes

Part 9: Real property

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

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

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. 3522 Sibley Memorial Highway St. Paul, MN 55121-1606 (Lot Four (4) and Lot Five (5), Block Two (2) in Sibley Terminal Industrial Park)		\$426,992.00	Recent cost	\$2,200,000.00

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.

\$2,200,000.00

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

Debtor Stinar HG, Inc. Case number (if known) _____
 Name

- 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.

Current value of debtor's interest

71.	Notes receivable Description (include name of obligor)	<u>48,379.00</u>	-	<u>0.00</u>	=	
	<u>Robert C. Harvey</u>	Total face amount		doubtful or uncollectible amount		<u>\$48,379.00</u>

72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)		Tax year	<u>2016</u>		<u>\$2,044,068.00</u>
	<u>Federal NOL</u>					

			Tax year	<u>2016</u>		<u>\$1,823,883.00</u>
	<u>MN State NOL</u>					

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*

<u>Investments</u>	<u>\$11,230.00</u>
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<u>Debt Issuance Costs</u>	<u>\$17,972.00</u>
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Debtor Stinar HG, Inc. Case number (if known) _____
Name

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

<u>\$3,945,532.00</u>

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

Debtor Stinar HG, Inc. Case number (if known) _____
 Name

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$27,546.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$4,502.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$302,709.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$887,394.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$856,006.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$2,200,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$3,945,532.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$6,023,689.00</u>	+ 91b. <u>\$2,200,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$8,223,689.00</u>

Fill in this information to identify the case:

Debtor name Stinar HG, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

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.	
2.1	Ford Credit <small>Creditor's Name</small>	Describe debtor's property that is subject to a lien Ford Trucks	\$21,903.00
	<small>Creditor's mailing address</small>	Describe the lien	Unknown
	<small>Creditor's email address, if known</small>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date debt was incurred	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)	
	Last 4 digits of account number	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	
	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.		

2.2	Kruckeberg/Minimizer <small>Creditor's Name</small> Julie Strand 500 Minimizer Way SE Bloomington Pr, MN 55917 <small>Creditor's mailing address</small>	Describe debtor's property that is subject to a lien Parts	\$70,000.00
	<small>Creditor's mailing address</small>	Describe the lien PMSI	\$0.00
	<small>Creditor's email address, if known</small>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Date debt was incurred	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply	
	Do multiple creditors have an interest in the same property?		

Debtor **Stinar HG, Inc.** Case number (if know) _____
 Name

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

2.3 Signature Bank Creditor's Name 9800 Bren Rd E Ste 200 Minnetonka, MN 55343 Creditor's mailing address Creditor's email address, if known Date debt was incurred 05/22/2008 Last 4 digits of account number 5802 Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. 1. Signature Bank 2. Twin Cities Metro Cert Dvlpmt	Describe debtor's property that is subject to a lien 3522 Sibley Memorial Highway St. Paul, MN 55121-1606 (Lot Four (4) and Lot Five (5), Block Two (2) in Sibley Terminal Industrial Park) Describe the lien First Mortgage and Blanket Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$831,714.50 \$2,200,000.00
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2.4 Signature Bank Creditor's Name 9800 Bren Rd Ste 200 Minnetonka, MN 55343 Creditor's mailing address Creditor's email address, if known Date debt was incurred 05/22/2008 Last 4 digits of account number 5803 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 All inventory, Chattel paper, accounts, equipment and general intangibles. Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$300,766.62 Unknown
--	--	------------------------------------

2.5 Twin Cities Metro Cert Dvlpmt	Describe debtor's property that is subject to a lien	\$632,584.73 \$2,200,000.00
--	--	---

Debtor **Stinar HG, Inc.** Case number (if know) _____

Name

Creditor's Name

**3522 Sibley Memorial Highway
St. Paul, MN 55121-1606**

**3495 Vadnais Center Dr
Vadnais Hts, MN 55110**

Creditor's mailing address

**(Lot Four (4) and Lot Five (5), Block Two (2) in
Sibley Terminal Industrial Park)**

Describe the lien

Second Mortgage plus Equipment 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

Last 4 digits of account number

5005

Do multiple creditors have an interest in the same property?

No

Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.3

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.

\$1,856,968.8
5

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

**Royce Nelligan, Attorney
SBA, Minnesota Dist Office
330 2d Ave S
Minneapolis, MN 55402**

Line 2.5

**Twila Kennedy
SBA, Minnesota Dist Office
330 2d Ave S
Minneapolis, MN 55402**

Line 2.5

Fill in this information to identify the case:

Debtor name Stinar HG, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

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.

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 Aim Fire & Safety, Inc. Bob Brant 4762 Partridge Court N.E. Prior Lake,, MN 55372 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> \$655.00
3.2	Nonpriority creditor's name and mailing address Allegheny Valve & Coupling, Inc. Scott Colvin PO Box 780 Warren,, PA 16365 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> \$41.74
3.3	Nonpriority creditor's name and mailing address American Express Box 0001 Los Angeles,, CA 90096-8000 Date(s) debt was incurred _____ Last 4 digits of account number <u>1008</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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> \$23,331.08
3.4	Nonpriority creditor's name and mailing address Appliance Depot, Inc. Ron 8980 Jefferson Trail West Inver Gr Hts, MN 55077 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <hr/> \$13.87

Debtor **Stinar HG, Inc.** Case number (if known) _____

Name

3.5	<p>Nonpriority creditor's name and mailing address Arnold Machinery Dianne Kane 2985 Lone Oak Circle Eagan,, MN 55121</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$47.72
3.6	<p>Nonpriority creditor's name and mailing address Barry & Sewall Industrial Supply Karen Stanke P.O. Box 50 Minneapolis,, MN 55440-0050</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,245.31
3.7	<p>Nonpriority creditor's name and mailing address Betts Industries, Inc. Craig Whitaker PO Box 888 Warren,, PA 16365</p> <p>Date(s) debt was incurred __ Last 4 digits of account number 5000</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$108.44
3.8	<p>Nonpriority creditor's name and mailing address Blue Rock Refinishing Solutions Tom Maslowski 2974 Cleveland Avenue North Roseville,, MN 55113</p> <p>Date(s) debt was incurred __ Last 4 digits of account number 302</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$12,679.72
3.9	<p>Nonpriority creditor's name and mailing address Bonomi North America, Inc. Aurora Ciaciura 750 Imperial Court Charlotte,, NC 28273</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,161.70
3.10	<p>Nonpriority creditor's name and mailing address Boyer Ford 2425 Broadway St NE Minneapolis, MN 55413</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.11	<p>Nonpriority creditor's name and mailing address Braun Intertec Corporation Karla Carozzi PO Box 1450 Minneapolis,, MN 55485-7644</p> <p>Date(s) debt was incurred __ Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$357.50

Debtor **Stinar HG, Inc.** Case number (if known) _____
Name

3.12 Nonpriority creditor's name and mailing address **Bretschneider Sandblasting Co.
 Fritz or Robin
 21954 Orlando Avenue East
 Hastings,, MN 55033-9655** **As of the petition filing date, the claim is:** *Check all that apply.* **\$3,300.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __ Is the claim subject to offset? No Yes
 Last 4 digits of account number __

3.13 Nonpriority creditor's name and mailing address **C. E. Gobeil Company, Inc.
 Charlotte
 715 Raymond Avenue
 St. Paul,, MN 55114-1744** **As of the petition filing date, the claim is:** *Check all that apply.* **\$353.51**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __ Is the claim subject to offset? No Yes
 Last 4 digits of account number __

3.14 Nonpriority creditor's name and mailing address **CarQuest Auto Parts
 Rich
 6237 Penn Avenue South
 Richfield,, MN 55423** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,464.74**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __ Is the claim subject to offset? No Yes
 Last 4 digits of account number **1501**

3.15 Nonpriority creditor's name and mailing address **Casey Menden Faust & Nelson
 7900 W 78th St Ste 450
 Edina, MN 55439** **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __ Is the claim subject to offset? No Yes
 Last 4 digits of account number __

3.16 Nonpriority creditor's name and mailing address **Certified Power, Inc.-Fluid Systems
 75 Remittance Dr,
 Dept 3165
 Chicago,, IL 60675-3165** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,753.03**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __ Is the claim subject to offset? No Yes
 Last 4 digits of account number **4970**

3.17 Nonpriority creditor's name and mailing address **Challman and Company
 Andy
 PO Box 7264
 Minneapolis,, MN 55407** **As of the petition filing date, the claim is:** *Check all that apply.* **\$250.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __ Is the claim subject to offset? No Yes
 Last 4 digits of account number __

3.18 Nonpriority creditor's name and mailing address **Chase Cardmember Service
 P. O. Box 94014
 Palatine,, IL 60094-4014** **As of the petition filing date, the claim is:** *Check all that apply.* **\$48,650.15**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __ Is the claim subject to offset? No Yes
 Last 4 digits of account number **1760**

Debtor **Stinar HG, Inc.** Case number (if known) _____
Name

3.19 Nonpriority creditor's name and mailing address **City of Eagan** As of the petition filing date, the claim is: *Check all that apply.* **\$381.86**
3830 Pilot Knob Road Contingent
Eagan,, MN 55122-1810 Unliquidated
Date(s) debt was incurred Disputed
Last 4 digits of account number **2200** Basis for the claim: _____
Is the claim subject to offset? No Yes

3.20 Nonpriority creditor's name and mailing address **Computer Share** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
1325 Remington Blvd Contingent
Bolingbrook, IL 60490 Unliquidated
Date(s) debt was incurred Disputed
Last 4 digits of account number _____ Basis for the claim: **File Transfer Agent**
Is the claim subject to offset? No Yes

3.21 Nonpriority creditor's name and mailing address **Crysteel Truck Equipment, Inc.** As of the petition filing date, the claim is: *Check all that apply.* **\$3,000.00**
Tim Leibfried Contingent
PO Box 733 Unliquidated
Lake Crystal,, MN 56055 Disputed
Date(s) debt was incurred _____ Basis for the claim: _____
Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.22 Nonpriority creditor's name and mailing address **Digital Winter, LLC** As of the petition filing date, the claim is: *Check all that apply.* **\$3,277.50**
Shane Lindstrom Contingent
200 S 6th St Suite #645 Unliquidated
Minneapolis,, MN 55402 Disputed
Date(s) debt was incurred _____ Basis for the claim: _____
Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.23 Nonpriority creditor's name and mailing address **Drain Pro Plumbing** As of the petition filing date, the claim is: *Check all that apply.* **\$207.50**
8815 -- 209th Street West Contingent
Lakeville,, MN 55044 Unliquidated
Date(s) debt was incurred _____ Disputed
Last 4 digits of account number **8287** Basis for the claim: _____
Is the claim subject to offset? No Yes

3.24 Nonpriority creditor's name and mailing address **Eagan General Repair** As of the petition filing date, the claim is: *Check all that apply.* **\$1,481.00**
Mark Contingent
3650 Kennebec Drive Unliquidated
Eagan,, MN 55122 Disputed
Date(s) debt was incurred _____ Basis for the claim: _____
Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.25 Nonpriority creditor's name and mailing address **Faegre Baker Daniels** As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
90 S 7th St Ste 2200 Contingent
Minneapolis, MN 55402 Unliquidated
Date(s) debt was incurred _____ Disputed
Last 4 digits of account number _____ Basis for the claim: _____
Is the claim subject to offset? No Yes

Debtor **Stinar HG, Inc.** Case number (if known) _____
Name

3.26 Nonpriority creditor's name and mailing address **FastSigns** **Steve** **1354 Mendota Road** **Inver Gr Hts, MN 55077** **As of the petition filing date, the claim is:** *Check all that apply.* **\$47.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number __
 Is the claim subject to offset? No Yes

3.27 Nonpriority creditor's name and mailing address **Fibergrate Cmpste Structures** **Priyanka Shah** **P. O. Box 931944** **Cleveland,, OH 44193** **As of the petition filing date, the claim is:** *Check all that apply.* **\$6,000.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number **3396**
 Is the claim subject to offset? No Yes

3.28 Nonpriority creditor's name and mailing address **FinishMaster, Inc.** **Pam Aynes** **1643 Solutions Center** **Chicago,, IL 60677-1006** **As of the petition filing date, the claim is:** *Check all that apply.* **\$25,623.86**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number **6169**
 Is the claim subject to offset? No Yes

3.29 Nonpriority creditor's name and mailing address **Force America** **501 Cliff Rd E** **Burnsville, MN 55337** **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number __
 Is the claim subject to offset? No Yes

3.30 Nonpriority creditor's name and mailing address **Ford Motor Credit Company** **Irving Bus. Ctr, Dept C** **PO Box 152496** **Irving,, TX 75015-2496** **As of the petition filing date, the claim is:** *Check all that apply.* **\$21,903.20**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number **3741**
 Is the claim subject to offset? No Yes

3.31 Nonpriority creditor's name and mailing address **G&H Distributing** **1955 Annapolis LN N** **Minneapolis, MN 55441** **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number __
 Is the claim subject to offset? No Yes

3.32 Nonpriority creditor's name and mailing address **Garellick Steel Co., Inc.** **Kim Bliese** **1900 North 2nd Street** **Minneapolis,, MN 55411** **As of the petition filing date, the claim is:** *Check all that apply.* **\$80,359.85**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number **1223**
 Is the claim subject to offset? No Yes

Debtor **Stinar HG, Inc.** Case number (if known) _____
Name

3.33 Nonpriority creditor's name and mailing address **Gladwin Machinery & Supply Co.** **Ann Bieganeck** **5170 Main Street N.E.** **Minneapolis, MN 55421** **\$146.23**
 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: _____
 Is the claim subject to offset? No Yes

3.34 Nonpriority creditor's name and mailing address **Gopher Electronics** **Barb Schauer** **222 Little Canada Road** **St. Paul, MN 55117** **\$480.42**
 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: _____
 Is the claim subject to offset? No Yes

3.35 Nonpriority creditor's name and mailing address **Grainger Parts** **Financial Services** **Dept #806673018** **Palantine, IL 60038-0001** **\$7,616.89**
 Date(s) debt was incurred _____
 Last 4 digits of account number **3018**
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.36 Nonpriority creditor's name and mailing address **Great Northern Equipment** **Becky Barr** **P. O. Box 860396** **Minneapolis, MN 55486-0396** **\$2,356.19**
 Date(s) debt was incurred _____
 Last 4 digits of account number **1001**
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.37 Nonpriority creditor's name and mailing address **Ground Support Products** **Katey Hunt** **42 Winter Street, Unit 5** **Pembroke, MA 02359** **\$6,141.61**
 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: _____
 Is the claim subject to offset? No Yes

3.38 Nonpriority creditor's name and mailing address **Hanover Insurance Company** **P. O. Box 580045** **Charlotte, NC 28258-0045** **\$2,551.70**
 Date(s) debt was incurred _____
 Last 4 digits of account number **1000**
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.39 Nonpriority creditor's name and mailing address **Harper Industries** **Teresa Dodgen** **151 East Highway 160** **Harper, KS 67058** **\$4,262.25**
 Date(s) debt was incurred _____
 Last 4 digits of account number **0300**
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: _____
 Is the claim subject to offset? No Yes

Debtor **Stinar HG, Inc.** Case number (if known) _____

Name

3.40	<p>Nonpriority creditor's name and mailing address Hewitt-Lucas John Hewitt P. O. Box 8828 St. Louis,, MO 63101-0828</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$869.15</p>
3.41	<p>Nonpriority creditor's name and mailing address Home Depot Credit Services P.O. Box 183175 Dept 32 2020069559 Columbus,, OH 43218-3175</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number 9559</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$1,092.36</p>
3.42	<p>Nonpriority creditor's name and mailing address Hose/Conveyors, Inc. Katrina Calis 2725 South Highway 55 Eagan,, MN 55121</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$2,436.54</p>
3.43	<p>Nonpriority creditor's name and mailing address Husky Spring Company Rob 2238 Terminal Road Roseville,, MN 55113</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number 5112</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$215.98</p>
3.44	<p>Nonpriority creditor's name and mailing address Images on Metal, Inc. Carol Benner 105 South Mantorville Avenue Kasson,, MN 55944</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$1,201.70</p>
3.45	<p>Nonpriority creditor's name and mailing address JEM Technical Mktg Co., Inc. Donna Foss 550 North Old Crystal Bay Road Orono,, MN 55356-5612</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number 1320</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$3,525.82</p>
3.46	<p>Nonpriority creditor's name and mailing address Joe Hegna Ronnie J Hegna 1000 Canton Street, #70 Prescott,, WI 54021</p> <p>Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$35.00</p>

Debtor **Stinar HG, Inc.** Case number (if known) _____
Name

3.47 Nonpriority creditor's name and mailing address **Kraemer Mining & Materials, Inc.** **Brenda Tousignant** **1020 Cliff road West** **Burnsville,, MN 55337** **Date(s) debt was incurred** _____ **Last 4 digits of account number** 8585 **As of the petition filing date, the claim is:** *Check all that apply.* **\$450.95**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.48 Nonpriority creditor's name and mailing address **Legend Valve** **Accountns Receivable** **P. O. Box 674933** **Detroit,, MI 48267-4933** **Date(s) debt was incurred** _____ **Last 4 digits of account number** 1397 **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,067.31**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.49 Nonpriority creditor's name and mailing address **Machine Tool Supply, Inc.** **Tia Davis** **3150 Mike Collins Drive** **Eagan,, MN 55121-2292** **Date(s) debt was incurred** _____ **Last 4 digits of account number** 2448 **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,191.11**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.50 Nonpriority creditor's name and mailing address **Marco Technologies, LLC** **Accounts Receivable** **NW 7128, P. O. Box 1450** **Minneapolis,, MN 55485-7128** **Date(s) debt was incurred** _____ **Last 4 digits of account number** 1135 **As of the petition filing date, the claim is:** *Check all that apply.* **\$897.45**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.51 Nonpriority creditor's name and mailing address **Masterman's, LLP** **Accounts Receivable** **11 'C' Street / P. O. Box 411** **Auburn,, MA 01501-0411** **Date(s) debt was incurred** _____ **Last 4 digits of account number** 0132 **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,094.02**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.52 Nonpriority creditor's name and mailing address **McMaster-Carr Supply Company** **Accounts Receivable** **P.O. Box 7690** **Chicago,, IL 60680-7690** **Date(s) debt was incurred** _____ **Last 4 digits of account number** 7200 **As of the petition filing date, the claim is:** *Check all that apply.* **\$3,493.20**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.53 Nonpriority creditor's name and mailing address **Mecklenburg Valve Source, LLC** **Debbie Laffoon** **P. O. Box 5473** **Charlotte, NC 28299** **Date(s) debt was incurred** _____ **Last 4 digits of account number** _____ **As of the petition filing date, the claim is:** *Check all that apply.* **\$194.14**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

Debtor **Stinar HG, Inc.** Case number (if known) _____
 Name _____

3.54 Nonpriority creditor's name and mailing address **Midwest Crating Unlimited** **Michele Johnston** **6805 -- 20th Ave S Ste #100** **Centerville,, MN 55038** **As of the petition filing date, the claim is:** *Check all that apply.* **\$4,445.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Is the claim subject to offset? No Yes

3.55 Nonpriority creditor's name and mailing address **Minneapolis Sheet Metal Works** **Alice Price** **9 Eighth Avenue Southwest** **New Brighton,, MN 55112** **As of the petition filing date, the claim is:** *Check all that apply.* **\$6,929.50**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Date(s) debt was incurred _____
 Last 4 digits of account number **STINAR**
 Is the claim subject to offset? No Yes

3.56 Nonpriority creditor's name and mailing address **Minnesota Dept of Revenue** **PO Box 64564** **Saint Paul, MN 55164** **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Is the claim subject to offset? No Yes

3.57 Nonpriority creditor's name and mailing address **Nardini Fire Equipment Company** **Lisa Kroska** **405 County Road 'E' W** **St Paul,, MN 55126-7093** **As of the petition filing date, the claim is:** *Check all that apply.* **\$186.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Date(s) debt was incurred _____
 Last 4 digits of account number **STICOR**
 Is the claim subject to offset? No Yes

3.58 Nonpriority creditor's name and mailing address **NEI Electric - MN Division** **Lana Herdegen** **1551 Payne Avenue** **St. Paul,, MN 55130-3218** **As of the petition filing date, the claim is:** *Check all that apply.* **\$290.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Is the claim subject to offset? No Yes

3.59 Nonpriority creditor's name and mailing address **Northern Tool & Equipment** **c/o Blue Tarp Financial** **P. O. Box 105525** **Atlanta,, GA 30348-5525** **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,686.35**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Date(s) debt was incurred _____
 Last 4 digits of account number **9729**
 Is the claim subject to offset? No Yes

3.60 Nonpriority creditor's name and mailing address **Oakridge Holdings, Inc.** **C/O 3255 Sibley Memorial Hwy** **Saint Paul, MN 55121** **As of the petition filing date, the claim is:** *Check all that apply.* **\$470,265.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 Is the claim subject to offset? No Yes

Debtor **Stinar HG, Inc.** Case number (if known) _____
Name

3.61	Nonpriority creditor's name and mailing address Office Depot Credit Plan P. O. Box 689020 Dept 56 4201610630 Des Moines,, IA 50368-9020 Date(s) debt was incurred _____ Last 4 digits of account number 0630	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$387.21
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3.62	Nonpriority creditor's name and mailing address Ohnsorg Truck Bodies John Ohnsorg 860 Commerce Drive East Belle Plaine,, MN 56011 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$304.21
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3.63	Nonpriority creditor's name and mailing address Oil-Rite Corporation Cheryl Taddy P. O. Box 1207 Manitowoc,, WI 54221-1207 Date(s) debt was incurred _____ Last 4 digits of account number 1055	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.61
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3.64	Nonpriority creditor's name and mailing address Olsen Thielen CPA 300 Prairie Ctr Dr Ste 300 Eden Prairie, MN 55344-7908 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.65	Nonpriority creditor's name and mailing address Oxygen Service Patty Poeschl P. O. Box 856670 Minneapolis,, MN 55485-6670 Date(s) debt was incurred _____ Last 4 digits of account number 8846	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,232.59
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3.66	Nonpriority creditor's name and mailing address Pace Analytical Services, Inc. Joey Zuniga P. O. Box 684056 Chicago,, IL 60695-4056 Date(s) debt was incurred _____ Last 4 digits of account number inar	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.50
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3.67	Nonpriority creditor's name and mailing address Patton Indust Prods, Inc. Todd Patton 8410 Pillsbury Avenue South Bloomington,, MN 55420 Date(s) debt was incurred _____ Last 4 digits of account number 9248	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,499.38
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Debtor **Stinar HG, Inc.** Case number (if known) _____
Name

3.68 Nonpriority creditor's name and mailing address **Pioneer Metal Finishing
Accounts Receivable
P. O. Box 28440
Green Bay,, WI 54324-0440** **As of the petition filing date, the claim is:** *Check all that apply.* **\$338.64**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number **6511** Is the claim subject to offset? No Yes

3.69 Nonpriority creditor's name and mailing address **Pioneer Rim and Wheel Co.
Michael Schultze
P. O. Box 581579
Minneapolis,, MN 55458-1579** **As of the petition filing date, the claim is:** *Check all that apply.* **\$294.63**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number **1294** Is the claim subject to offset? No Yes

3.70 Nonpriority creditor's name and mailing address **Power Systems, LLC
Allan Bergren
P. O. Box 860351
Minneapolis,, MN 55486-0351** **As of the petition filing date, the claim is:** *Check all that apply.* **\$591.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number __ Is the claim subject to offset? No Yes

3.71 Nonpriority creditor's name and mailing address **Riteway Business Forms
Linda Baumgart
3650 Kent Street
Shoreview,, MN 55126-7012** **As of the petition filing date, the claim is:** *Check all that apply.* **\$361.40**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number **STINARCORP** Is the claim subject to offset? No Yes

3.72 Nonpriority creditor's name and mailing address **Robert Harvey
C/O 3255 Sibley Memorial Hwy
Saint Paul, MN 55121** **As of the petition filing date, the claim is:** *Check all that apply.* **\$224,137.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number __ Is the claim subject to offset? No Yes

3.73 Nonpriority creditor's name and mailing address **Rochester Gauges, Inc.
Melissa Paulsen
P.O. Box 29242
Dallas,, TX 75229-0242** **As of the petition filing date, the claim is:** *Check all that apply.* **\$2,000.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number **5508** Is the claim subject to offset? No Yes

3.74 Nonpriority creditor's name and mailing address **Ruff Mfg, Inc.
Pat
21105 Edmonton Avenue
Farmington,, MN 55024** **As of the petition filing date, the claim is:** *Check all that apply.* **\$7,878.54**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: __
 Date(s) debt was incurred __
 Last 4 digits of account number __ Is the claim subject to offset? No Yes

Debtor **Stinar HG, Inc.** Case number (if known) _____
Name

3.75 Nonpriority creditor's name and mailing address **Safety Systems and Controls, Inc.** **Lisa** **1729E Brittmoore** **Houston,, TX 77043** **Date(s) debt was incurred** **Last 4 digits of account number** _____
As of the petition filing date, the claim is: *Check all that apply.* **\$526.90**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.76 Nonpriority creditor's name and mailing address **SBS Transportation, Inc.** **Amy Washburn** **1700 Wynne Avenue** **St. Paul,, MN 55108** **Date(s) debt was incurred** **Last 4 digits of account number** _____
As of the petition filing date, the claim is: *Check all that apply.* **\$3,132.60**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.77 Nonpriority creditor's name and mailing address **Stellar Industries, Inc.** **Linda Anderson** **NW 5175 / P. O. Box 1450** **Minneapolis,, MN 55485-5175** **Date(s) debt was incurred** **Last 4 digits of account number** _____
As of the petition filing date, the claim is: *Check all that apply.* **\$150.28**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.78 Nonpriority creditor's name and mailing address **Swanson Flo-Systems Co.** **Sue Carlson** **151 Cheshire Ln N, Ste 700** **Plymouth,, MN 55441-3625** **Date(s) debt was incurred** **Last 4 digits of account number** **2097** _____
As of the petition filing date, the claim is: *Check all that apply.* **\$971.82**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.79 Nonpriority creditor's name and mailing address **Torrington Brush Works, Inc.** **Fran Martin** **4377 Independence Court** **Sarasota,, FL 34234** **Date(s) debt was incurred** **Last 4 digits of account number** **9695** _____
As of the petition filing date, the claim is: *Check all that apply.* **\$36.94**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.80 Nonpriority creditor's name and mailing address **Total Mechanical Services. Inc.** **Paula VanBlaricom** **420 Broadway Avenue** **St. Paul Park,, MN 55071** **Date(s) debt was incurred** **Last 4 digits of account number** _____
As of the petition filing date, the claim is: *Check all that apply.* **\$2,595.52**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

3.81 Nonpriority creditor's name and mailing address **Total Tool Supply, Inc.** **Kate Schmitt** **P.O. Box 4069** **St. Paul,, MN 55104** **Date(s) debt was incurred** **Last 4 digits of account number** **2738** _____
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
 Contingent
 Unliquidated
 Disputed
Basis for the claim: _____
 Is the claim subject to offset? No Yes

Debtor **Stinar HG, Inc.** Case number (if known) _____
Name

3.82	Nonpriority creditor's name and mailing address Tuthill Corporation * Terri Rjasko P. O. Box 75822 Chicago,, IL 60675-5822 Date(s) debt was incurred _____ Last 4 digits of account number 8279	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,943.11
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3.83	Nonpriority creditor's name and mailing address Uline Accounts Receivable P. O. Box 88741 Chicago,, IL 60680-1741 Date(s) debt was incurred _____ Last 4 digits of account number 9440	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,095.52
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3.84	Nonpriority creditor's name and mailing address United Electric Company Joan Follmer P. O. Box 802578 Chicago,, IL 60680 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,480.72
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3.85	Nonpriority creditor's name and mailing address UPS Freight Customer Service 28013 Network Place Chicago,, IL 60673-1280 Date(s) debt was incurred _____ Last 4 digits of account number 7819	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.94
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3.86	Nonpriority creditor's name and mailing address US Bank Equipment Finance Customer Support P. O. Box 790448 St. Louis,, MO 63179-0448 Date(s) debt was incurred _____ Last 4 digits of account number 1683	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.56
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3.87	Nonpriority creditor's name and mailing address Van-Tech Rita 12640 Creek View Avenue Savage,, MN 55378 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59.06
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3.88	Nonpriority creditor's name and mailing address Vedder Price Attn: Laney Moyer 222 N LaSalle St Chicago, IL 60601 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: Legal Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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Debtor Stinar HG, Inc. Case number (if known) _____
Name

3.89 Nonpriority creditor's name and mailing address **Walters Rebuilders
Steve Tanski
507 University Avenue
St. Paul,, MN 55103** As of the petition filing date, the claim is: *Check all that apply.* **\$425.03**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ Basis for the claim: _____
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.90 Nonpriority creditor's name and mailing address **Wells Fargo** As of the petition filing date, the claim is: *Check all that apply.* **\$5,302.92**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ Basis for the claim: Credit card
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.91 Nonpriority creditor's name and mailing address **Wells Fargo (Acct. HS)
P. O. Box 6426
Carol Stream,, IL 60197-6426** As of the petition filing date, the claim is: *Check all that apply.* **\$17,084.02**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ Basis for the claim: _____
 Last 4 digits of account number 1001 Is the claim subject to offset? No Yes

3.92 Nonpriority creditor's name and mailing address **West Island Ford Lincoln
3850 Boul Des Sources
Dollard-Des-Ormeaux
QUEBEC CITY H9B 2CB, QUEBEC** As of the petition filing date, the claim is: *Check all that apply.* **\$5,767.92**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ Basis for the claim: _____
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.93 Nonpriority creditor's name and mailing address **Wolverine Engine Heaters
Kevin Frank
P.O. Box 3137
Union Gap,, WA 98903** As of the petition filing date, the claim is: *Check all that apply.* **\$147.62**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ Basis for the claim: _____
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.94 Nonpriority creditor's name and mailing address **Xcel Energy
Po Box 9477
Minneapolis, MN 55484-4497** As of the petition filing date, the claim is: *Check all that apply.* **\$3,000.00**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ Basis for the claim: Unpaid utility bills
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.95 Nonpriority creditor's name and mailing address **Zep Sales & Service
Denise Dolly
13237 Collections Center Drive
Chicago,, IL 60693-0132** As of the petition filing date, the claim is: *Check all that apply.* **\$199.15**
 Contingent
 Unliquidated
 Disputed
 Date(s) debt was incurred _____ Basis for the claim: _____
 Last 4 digits of account number 1688 Is the claim subject to offset? No Yes

Part 3: List Others to Be Notified About Unsecured Claims

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

Debtor **Stinar HG, Inc.** Case number (if known) _____
Name

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 Matthew B Barr Barnes & Thornburg 11 S Meridian St Indianapolis, IN 46204	Line 3.28	—
<input type="checkbox"/> Not listed. Explain _____		

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

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

		Total of claim amounts
5a. Total claims from Part 1	\$	0.00
5b. Total claims from Part 2	+	1,060,277.49
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	\$	1,060,277.49

Fill in this information to identify the case:

Debtor name Stinar HG, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

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	Renting Storage Space for empty Semi Trailers.	
	State the term remaining	Month to Month	
	List the contract number of any government contract	_____	Citi-Cargo & Storage 900 Apollo Rd Saint Paul, MN 55121

Fill in this information to identify the case:

Debtor name Stinar HG, Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

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	Oakridge Holdings as Guarantor		Signature Bank	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Oakridge Holdings Inc.	3225 Sibley Mem Hwy Saint Paul, MN 55121	Kruckeberg/Minimizer	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Oakridge Holdings Inc.	3225 Sibley Memorial Highway Saint Paul, MN 55121 As Guarantor	Twin Cities Metro Cert Dvlpmt	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Oakridge Holdings Inc.	3225 Sibley Mem Hwy Saint Paul, MN 55121 As Guarantor	Signature Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Robert C. Harvey		Twin Cities Metro Cert Dvlpmt	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor Stinar HG, Inc. Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.6 **Robert C. Harvey** Signature Bank D 2.4
 E/F _____
 G _____

2.7 **Robert C. Harvey
as Guarantor** Signature Bank D 2.3
 E/F _____
 G _____

Stinar HG, Inc

INCOME STATEMENT

FOR PERIOD ENDING: 03/31/17

Account	Description	Curr Year MTD	Budget MTD	Variance	Curr Yr.YTD	Budget YTD	Variance
REVENUES							
3000	Sales – Equipment	95,690.00	0.00	95,690.00	991,064.91	0.00	991,064.91
3002	Other Revenue	1,198.30	0.00	1,198.30	14,505.16	0.00	14,505.16
3040	Sales - Parts	31,100.34	0.00	31,100.34	353,094.76	0.00	353,094.76
3100	Returns	(967.23)	0.00	(967.23)	(8,171.21)	0.00	(8,171.21)
3110	Discounts	193.45	0.00	193.45	(3,394.71)	0.00	(3,394.71)
3120	Sales Tax	(12.66)	0.00	(12.66)	(308.28)	0.00	(308.28)
	Total Sales/Revenue	127,202.20	0.00	127,202.20	1,346,790.63	0.00	1,346,790.63
COST OF SALES							
4100	Cost of Sales-Raw Materials	(1,424.13)	0.00	(1,424.13)	393,564.15	0.00	393,564.15
4101	Cost of Sales-Chassis Cost	0.00	0.00	0.00	257,121.00	0.00	257,121.00
4200	Direct Labor	48,372.26	0.00	48,372.26	147,553.96	0.00	147,553.96
4204	Ind Labor - Govt/Computer	2,769.94	0.00	2,769.94	19,437.33	0.00	19,437.33
4205	Ind Labor - Shop Supervisor	4,869.48	0.00	4,869.48	72,743.40	0.00	72,743.40
4210	Ind Labor - Paint/Grind	7,360.00	0.00	7,360.00	78,592.00	0.00	78,592.00
4220	Ind Labor - Purchasing	5,348.20	0.00	5,348.20	33,001.54	0.00	33,001.54
4230	Ind Labor - Drafting	4,141.20	0.00	4,141.20	24,847.20	0.00	24,847.20
4235	Ind Labor - Parts sales	5,315.46	0.00	5,315.46	40,853.98	0.00	40,853.98
4250	Ind labor - Truck Driver/Part	3,410.51	0.00	3,410.51	15,526.77	0.00	15,526.77
4255	Ind Labor - Quality Control	5,148.24	0.00	5,148.24	21,451.00	0.00	21,451.00
4280	Ind Labor - Shipping/Receiving	0.00	0.00	0.00	7,727.48	0.00	7,727.48
4282	Sick Pay Exp.	0.00	0.00	0.00	2,907.60	0.00	2,907.60
4283	Holiday Exp.	1,252.70	0.00	1,252.70	23,573.73	0.00	23,573.73
4286	Vacation Exp.	31,492.41	0.00	31,492.41	79,995.97	0.00	79,995.97
4290	Overtime/Bonus	0.00	0.00	0.00	9,492.45	0.00	9,492.45
4292	Paint and Grind Supplies	4,367.12	0.00	4,367.12	44,821.09	0.00	44,821.09
4300	Shop Supplies	1,527.63	0.00	1,527.63	7,993.31	0.00	7,993.31
4301	Utilities	6,281.58	0.00	6,281.58	55,184.80	0.00	55,184.80
4304	Telephone	422.74	0.00	422.74	3,795.39	0.00	3,795.39
4305	Welding Supplies	1,648.18	0.00	1,648.18	11,439.99	0.00	11,439.99
4308	Freight Out	(120.30)	0.00	(120.30)	(3,377.46)	0.00	(3,377.46)
4311	Freight In	2,269.35	0.00	2,269.35	15,278.31	0.00	15,278.31
4314	Depreciation	5,000.00	0.00	5,000.00	45,000.00	0.00	45,000.00
4317	Payroll Taxes	(2,213.47)	0.00	(2,213.47)	51,619.02	0.00	51,619.02
4318	Equipment Delivery Expenses	48.35	0.00	48.35	1,891.35	0.00	1,891.35
4323	Subcontractor Expense	8,021.60	0.00	8,021.60	73,055.94	0.00	73,055.94
4326	Miscellaneous	0.00	0.00	0.00	965.65	0.00	965.65
4332	Insurance - General & W.C.	8,700.34	0.00	8,700.34	71,941.37	0.00	71,941.37
4338	Medical & Dental Insurance	119.61	0.00	119.61	2,824.61	0.00	2,824.61
4339	Repairs & Maintenance	563.67	0.00	563.67	4,866.17	0.00	4,866.17
4346	Licenses/Permits/Fees	0.00	0.00	0.00	898.90	0.00	898.90
5053	Safety Items	0.00	0.00	0.00	35.00	0.00	35.00
	Total Cost of Sales	154,692.67	0.00	154,692.67	1,616,623.00	0.00	1,616,623.00
	Gross Profit	(27,490.47)	0.00	(27,490.47)	(269,832.37)	0.00	(269,832.37)
OPERATING EXPENSES							
4400	Sales Salaries	10,706.00	0.00	10,706.00	66,356.00	0.00	66,356.00
4406	Commissions - Outside	0.00	0.00	0.00	311.04	0.00	311.04
4421	Travel - Lodging, Airfare, Etc	0.00	0.00	0.00	2,840.25	0.00	2,840.25
4433	Meals & Entertainment	0.00	0.00	0.00	94.67	0.00	94.67
5003	Office Salaries	8,150.41	0.00	8,150.41	54,254.28	0.00	54,254.28
5017	Fines & penalties	0.00	0.00	0.00	2,830.00	0.00	2,830.00
5021	Amortization	1,322.96	0.00	1,322.96	10,551.22	0.00	10,551.22
5025	Dues & Subscriptions	(350.00)	0.00	(350.00)	(350.00)	0.00	(350.00)
5026	Consulting Fees	300.00	0.00	300.00	300.00	0.00	300.00
5027	Depreciation	2,000.00	0.00	2,000.00	18,000.00	0.00	18,000.00
5029	Office Supplies	177.63	0.00	177.63	3,179.13	0.00	3,179.13
5031	Postage	0.00	0.00	0.00	349.65	0.00	349.65
5032	Computer & Related Expenses	43.00	0.00	43.00	3,779.50	0.00	3,779.50
5035	Insurance - Life	1,770.25	0.00	1,770.25	15,886.01	0.00	15,886.01
5041	Bank & Credit Card Fees	5,492.82	0.00	5,492.82	27,456.78	0.00	27,456.78
5047	Miscellaneous Taxes	0.00	0.00	0.00	35.12	0.00	35.12
5050	Real Estate Taxes	0.00	0.00	0.00	39,239.59	0.00	39,239.59
5051	Bad Debts	0.00	0.00	0.00	43.30	0.00	43.30
5052	Environmental	450.00	0.00	450.00	2,012.83	0.00	2,012.83
	Total Operating Expenses	30,063.07	0.00	30,063.07	247,169.37	0.00	247,169.37

Stinar HG, Inc

INCOME STATEMENT

FOR PERIOD ENDING: 03/31/17

<u>Account</u>	<u>Description</u>	<u>Curr Year MTD</u>	<u>Budget MTD</u>	<u>Variance</u>	<u>Curr Yr YTD</u>	<u>Budget YTD</u>	<u>Variance</u>
	Total Operating Income (Loss)	(57,553.54)	0.00	(57,553.54)	(517,001.74)	0.00	(517,001.74)
	<u>OTHER INCOME (EXPENSE)</u>						
6003	Interest Expense	(8,889.68)	0.00	(8,889.68)	(154,384.20)	0.00	(154,384.20)
	Total Other Income (Expense)	(8,889.68)	0.00	(8,889.68)	(154,384.20)	0.00	(154,384.20)
	Net Income (Loss) Before Taxes	(66,443.22)	0.00	(66,443.22)	(671,385.94)	0.00	(671,385.94)
	<u>PROVISION FOR INC. TAXES</u>						
8100	Income Tax Provision (Benefit)	0.00	0.00	0.00	(67,000.00)	0.00	(67,000.00)
	Total Tax Provisions	0.00	0.00	0.00	67,000.00	0.00	67,000.00
	Net Income (Loss)	(66,443.22)	0.00	(66,443.22)	(604,385.94)	0.00	(604,385.94)

Stinar HG, Inc

BALANCE SHEET

FOR PERIOD ENDING: 03/31/17

<u>Account</u>	<u>Description</u>	<u>Current Year</u>	<u>Last Year</u>
ASSETS			
<u>CURRENT ASSETS</u>			
1001	Petty Cash	400.00	400.00
1005	Signature Bank Checking	27,146.05	63,494.21
1006	Restricted Cash	3,344.26	0.00
1100	Accounts Receivable	302,920.95	662,264.97
1200	Inventory: Raw Materials	522,977.28	1,278,297.83
1204	Inventory:Obsolescence Reserve	(150,000.00)	(300,000.00)
1230	Inventory: Work In Process	442,638.00	577,619.00
1235	Inventory: WIP DL Accrual	21,583.39	120,293.60
1310	Investments	11,230.13	9,774.08
1330	Prepaid Expenses	5,926.13	9,242.49
	Total Current Assets	<u>1,188,166.19</u>	<u>2,421,386.18</u>
<u>PROPERTY & EQUIPMENT</u>			
1500	Land	400,000.00	400,000.00
1501	Land Improvements	14,960.10	14,960.10
1510	Building	899,999.69	900,000.00
1511	Building Improvements	646,904.01	645,310.01
1520	Machinery & Equipment	791,521.21	788,302.70
1530	Furniture & Fixtures	67,045.98	67,105.34
1540	Autos & Trucks	64,622.76	64,622.76
1550	Software/Hardware	242,674.60	242,566.92
1650	Accum Depreciation	(2,124,543.24)	(2,059,622.24)
	Total Property & Equipment	<u>1,003,185.11</u>	<u>1,063,245.59</u>
<u>OTHER ASSETS</u>			
1320	Deferred Tax Assets	131,000.00	73,000.00
1901	Debt Issuance Costs	9,033.49	17,421.56
1951	Building - Debt Issue Costs	8,938.88	15,296.72
	Total Other Assets	<u>148,972.37</u>	<u>105,718.28</u>
	TOTAL ASSETS	<u>2,340,323.67</u>	<u>3,590,350.05</u>

Stinar HG, Inc

BALANCE SHEET

FOR PERIOD ENDING: 03/31/17

<u>Account</u>	<u>Description</u>	<u>Current Year</u>	<u>Last Year</u>
LIABILITIES & S/H EQUITY			
<u>CURRENT LIABILITIES</u>			
2000	Due to Ford Motor Credit	24,641.10	118,542.00
2011	Accounts Payable - Trade	523,417.54	460,050.18
2100	Customer Deposits	364,526.80	109,742.50
2200	Accrued Salaries & Wages	16,946.00	67,986.72
2202	Accrued Vacation	38,165.84	50,241.55
2220	Due to Related Party	107,757.90	125,000.00
2225	Sales Tax Payable	0.00	(0.33)
2230	Accrued Real Estate Taxes	38,878.71	35,822.26
2300	Accrued Income Taxes	0.00	46,000.00
2301	Accrued Income Tax - Interim	0.00	18,000.00
2400	Current Mat. Notes Payable	243,228.41	75,748.73
	Total Current Liabilities	<u>1,357,562.30</u>	<u>1,107,133.61</u>
<u>LONG-TERM LIABILITIES</u>			
2511	Note Payable - R.E. (#5802)	811,607.00	843,191.22
2512	Note Payable - SBA (#5803)	102,588.00	452,284.92
2514	Note Payable - SBA 504	610,398.00	659,852.37
2530	Due to OHI	470,265.04	418,869.60
	Total Long-term Liabilities	<u>1,994,858.04</u>	<u>2,374,198.11</u>
<u>SHAREHOLDER'S EQUITY</u>			
2800	Common Stock	10,000.00	10,000.00
2810	Paid in Capital	3,172,040.73	3,172,040.73
2820	Retained Earnings	(3,596,298.87)	(3,169,475.15)
	Net Income	<u>(604,385.94)</u>	<u>96,452.75</u>
	Total Equity	<u>(1,018,644.08)</u>	<u>109,018.33</u>
	TOTAL LIABILITIES & S/H EQUITY	<u>2,333,776.26</u>	<u>3,590,350.05</u>

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:
Stinar HG, Inc. d/b/a Stinar Corporation

Bankruptcy No. []
Chapter 11 Case

Debtor.

In re:
Oakridge Holdings, Inc.

Bankruptcy No. []
Chapter 11 Case

Debtor.

SIGNATURE DECLARATION

- PETITION, SCHEDULES & STATEMENTS
- CHAPTER 13 PLAN
- SCHEDULES AND STATEMENTS ACCOMPANYING VERIFIED CONVERSION
- AMENDMENT TO PETITION, SCHEDULES & STATEMENTS
- MODIFIED CHAPTER 13 PLAN
- OTHER (Please describe: partial filing, Petition, Top 20 Creditors and Proof of Authority.)

I [We], the undersigned debtor(s) or authorized representative of the debtor, ***make the following declarations under penalty of perjury:***

- The information I have given my attorney and provided in the electronically filed petition, statements, schedules, amendments, and/or chapter 13 plan, as indicated above, is true and correct;
- The information provided in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case is true and correct;
- **[individual debtors only]** If no Social Security Number is included in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case, it is because I do not have a Social Security Number;
- I consent to my attorney electronically filing with the United States Bankruptcy Court my petition, statements and schedules, amendments, and/or chapter 13 plan, as indicated above, together with a scanned image of this Signature Declaration and the completed "Debtor

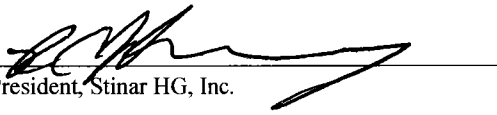
Information Pages," if applicable; and

- **[corporate and partnership debtors only]** I have been authorized to file this petition on behalf of the debtor.

Date: May 22 2017

Date: May 22 2017

X 
President, Oakridge Holdings Inc.

X 
President, Stinar HG, Inc.

Robert Harvey
Printed Name of Debtor or Authorized Representative

Robert Harvey
Printed Name of Debtor or Authorized Representative

Fill in this information to identify the case:

Debtor name Stinar HG, Inc.
 United States Bankruptcy Court for the: DISTRICT OF MINNESOTA
 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 7/01/2017 to **Filing Date**

Operating a business
 Other _____

\$1,345,664.00

For prior year:
From 7/01/2016 to **Filing Date**

Operating a business
 Other _____

\$4,531,928.00

For year before that:
From 7/01/2015 to 6/30/2016

Operating a business
 Other _____

\$5,745,349.00

2. Non-business revenue

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

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

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

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Stinar HG, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Ford Motor Credit		\$0.00	<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 ___
3.2. Signature Bank		\$0.00	<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 ___

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
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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
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Finishmaster, Inc. v Stinar HG, Inc. 49D10-1703-PL-013031	Collection Action	Marion County IN Supeiror CT	<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

Debtor **Stinar HG, Inc.**

Case number (if known)

receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

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

None

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

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

None

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

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Sapientia Law Group 120 S 6th St Ste 100 Minneapolis, MN 55402	Attorney Fees - \$45,000 Retainer paid for both Oakridge and Stinar. Approximately \$25,000 used pre-peition, remainder to be held in trust per 11 USC 327.	April 30, 2017	\$45,000.00
Email or website address kene@sapientialaw.com			
Who made the payment, if not debtor? Robert Harvey			

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

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

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

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

Debtor **Stinar HG, Inc.**

Case number (if known) _____

None.

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

14. Previous addresses

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

Does not apply

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

15. Health Care bankruptcies

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

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

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

Part 9: Personally Identifiable Information

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

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

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

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

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

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
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19. Safe deposit boxes

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

Debtor **Stinar HG, Inc.**

Case number (if known)

None

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

20. Off-premises storage

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

None

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

21. Property held for another

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

None

Part 12: Details About Environment Information

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

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

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

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

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

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

- No.
- Yes. Provide details below.

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

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Minnesota Pollution Cntrl Agcy 520 Lafayette Rd N Saint Paul, MN 55155			

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

- No.
- Yes. Provide details below.

Debtor **Stinar HG, Inc.**

Case number (if known)

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Minnesota Pollution Cntrl Agcy 520 Lafayette Rd N Saint Paul, MN 55155			

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

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

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

None

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

26. Books, records, and financial statements

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

None

Name and address	Date of service From-To
26a.1. Susan J. Krisnik 1838 Kathryn Circle Eagan, MN 55122	09/20/2010-Present
26a.2. Deborah A. Neves 31125 Jamaica Avenue Northfield, MN 55057	07/28/2008-Present
26a.3. Xudong Niu 13782 Wood Lane Minnetonka, MN 55305	06/2015-Present
26a.4. Robert C. Harvey 4810 120th Street West Apple Valley, MN 55124	06/30/1998-Present

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

None

Name and address	Date of service From-To
26b.1. Olsen Thielen & Co. Ltd. 2675 Long Lake Road Roseville, MN 55113	2014-Present

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

Debtor **Stinar HG, Inc.**

Case number (if known)

Name and address

27. Inventories

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

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

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Robert C. Harvey, Xudong Niu	06/28-06/30/2016	1,042,484 Cost and Standard

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

Robert C. Harvey
4810 120th Street West
Apple Valley, MN 55124

27.2	Robert C. Harvey, Xudong Niu	06/29-06/30/2015	2,382,634 Cost and Standard
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Name and address of the person who has possession of inventory records

Robert C. Harvey
4810 120th Street West
Apple Valley, MN 55124

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Robert C. Harvey		Chairman of the Board CEO, President	21.8

Robert B. Gregor		Secretary, Vice President	10.2
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Lester Lind		Director	
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Pamela Whitney		Director	
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29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
- Yes. Identify below.

Debtor **Stinar HG, Inc.**

Case number (if known)

Name	Address	Position and nature of any interest	Period during which position or interest was held
Stewart Levin		Former Director	2011-2017

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
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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
Oakridge Holdings, Inc.	EIN: 41-0843268

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

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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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 _____

**Robert C. Harvey/Robert Gregor/Sue
Krisnik**

Signature of individual signing on behalf of the debtor

Printed name

Position or relationship to debtor **CEO & President/Vice President/Office
Manager**

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 Minnesota**

In re Stinar HG, Inc.

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

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

For legal Services, I have agreed to accept	\$	<u>45,000.00</u>
Prior to the filing of this statement I have received	\$	<u>45,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:
 Debtor Other (specify) **Robert Harvey**

3. The source of the compensation to be paid to me is:
 Debtor Other (specify) **Debtor to pay fees on an hourly basis at up to \$450/hr. Retainer to be used for pre-peittion services with remainder in trust. Approx. \$25,000 used pre-petition.**

4. 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 another 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 or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), 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, statements of affairs and plan which may be required;
- C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- D. Representation of the debtor in contested bankruptcy matters; and
- E. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

LOCAL FORM 1007-1
REVISED 06/16

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: _____

Signature of Attorney

Kenneth C. Edstrom 148696

**MINUTES OF ACTION
IN LIEU OF A MEETING OF
THE SOLE SHAREHOLDER OF
STINAR HG, INC.**

The undersigned, being the sole shareholder of STINAR HG, INC., a Minnesota corporation (the "Corporation"), acting as the sole shareholder of the Corporation pursuant to the provisions of Minnesota Statutes, Section 302A.441, does hereby adopt the following resolutions, effective as of the date set forth below:

Authorizing Filing

WHEREAS, is in the best interest of the Corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

NOW, THERE, IT IS HEREBY:

RESOLVED, that Robert Harvey, the duly elected and acting President of the Corporation, and Robert Gregor, the duly elected and acting Vice-President of the Corporation, are, and each of them acting alone is, authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the Corporation; and

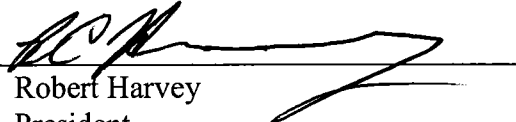
FURTHER RESOLVED, that the President and Vice-President of the Corporation are, and each of them acting alone is, authorized and directed to employ Kenneth C. Edstrom, attorney and the law firm of Sapientia Law Group, to represent the Corporation in such bankruptcy case and to employ Bradley Hennen, attorney, and the law firm of Hennen, LLC, as special counsel to advise the Company in connection with corporate matters; and

FURTHER RESOLVED, that the President and Vice-President of the Corporation are, and each of them acting alone is, authorized and directed to assist Kenneth C. Edstrom in all proceedings on behalf of the Corporation, and to otherwise do and perform all acts and deeds in connection with such bankruptcy case.

Signature page follows

IN WITNESS WHEREOF, the sole shareholder of the Corporation has caused these Minutes of Action to be executed and effective as of May 22 2017.

OAKRIDGE HOLDINGS, INC.

By: 
Robert Harvey
President

**United States Bankruptcy Court
District of Minnesota**

In re **Stinar HG, Inc.**

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

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

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Oakridge Holdings, Inc. 4810 120th Street West Apple Valley, MN 55124			Parent Corporation

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CEO & President/Vice President/Office Manager** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date _____

Signature **Robert C. Harvey/Robert Gregor/Sue Krisnik**

*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.*