

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

United States Bankruptcy Court for the:  
Eastern District of New York  
(State)  
 Case number (if known): \_\_\_\_\_ Chapter 11

Check if this is an amended filing

Official Form 201

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

04/16

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

1. Debtor's name CHOW DOWN CORP.

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

3. Debtor's federal Employer Identification Number (EIN) 46 - 2049862

4. Debtor's address

<p><b>Principal place of business</b></p> <p><u>4011 Hempstead Turnpike</u>  <small>Number Street</small></p> <p><u>Bethpage</u> <u>NY</u> <u>11714</u>  <small>City State ZIP Code</small></p> <p><u>Nassau</u>  <small>County</small></p>	<p><b>Mailing address, if different from principal place of business</b></p> <p><u>310 Laurel Lane</u>  <small>Number Street</small></p> <p>P.O. Box  <u>Laurel Hollow NY</u>  <small>City State ZIP Code</small></p> <p><b>Location of principal assets, if different from principal place of business</b></p> <p>_____  <small>Number Street</small></p> <p>_____  <small>City State ZIP Code</small></p>
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5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

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

Partnership (excluding LLP)

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

Debtor CHOW DOWN CORP.  
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>.

5 3 1 1

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

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

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

Chapter 12

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

No

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

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

If more than 2 cases, attach a separate list.

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

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

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

Debtor CHOWN DOWN CORP.  
Name

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

**11. Why is the case filed in this district?**

Check all that apply:

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

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

- No
- Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

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

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

**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

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

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

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

**14. Estimated number of creditors**

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

**15. Estimated assets**

- |  |  |  |
|--|--|--|
| <input 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 CHOW DOWN CORP.  
Name

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

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        |

**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

Ruby Singh  
Signature of authorized representative of debtor

RUBY SINGH  
Printed name

Title PRESIDENT

**18. Signature of attorney**

[Signature]  
Signature of attorney for debtor

Date 07/24/17  
MM / DD / YYYY

EDWARD J. TROY, ESQ  
Printed name

LAW OFFICES OF EDWARD TROY  
Firm name

44 BROADWAY  
Number Street

GREENLAWN NY  
City State ZIP Code

631-239-6817 edwardtroy@optonline.net  
Contact phone Email address

Bar number \_\_\_\_\_ State \_\_\_\_\_

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK**

-----X  
**In Re:**  
CHOW DOWN RESTAURANT CORP.

**Case No.**

**Chapter 11**

**Debtor(s)**  
-----X

**VERIFICATION OF CREDITOR MATRIX/LIST OF CREDITORS**

The undersigned debtor(s) or attorney for the debtor(s) hereby verifies that the creditor matrix/list of creditors submitted herein is true and correct to the best of his or her knowledge.

Dated: Central Islip, New York  
July 17, 2017

*Ruby*  (Pacs)  
\_\_\_\_\_  
Debtor

\_\_\_\_\_  
Joint Debtor

s/ Edward J. Troy  
\_\_\_\_\_  
Attorney for Debtor

Progressive Design  
13 Centre Street  
Hempstead NY 11550

Martin Silvedrberg Esq  
330 Motor Parkway  
Hauppauge, NY 11788

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK

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In Re:

CHOW DOWN RESTAURANT, CORP.,  
Debtor

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Case No.:

Chapter 11

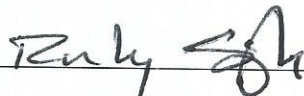
Corporate Resolution

I, the undersigned President of Chow Down Restaurant Corp. (Debtor), a corporation duly formed and existing under the laws of the State of New York, do hereby certify that at a duly called meeting of the directors of Chow Don Restaurant Corp., the following resolutions were adopted, and have not since been modified, altered or rescinded, and are still in force and effect:

“Resolved, that in the judgment of the shareholders and directors, it is desirable and in the best interest of the Corporation, that Ruby Singh, President of the Corporation, be empowered to cause a petition under Chapter 11 of the Bankruptcy Code be filed by the Corporation upon such date that, in her discretion, such action shall be necessary for the protection of the Corporation and the preservation of its assets without further notice to the directors of the Corporation, and it is further

Resolved, that Ruby Singh be and hereby is authorized to execute and file all petitions, schedules, lists and other papers in relation to the Chapter 11 filing and proceedings, and to retain the Law Offices of Edward J. Troy, and any other professionals, when deemed necessary or proper to obtain a successful conclusion of said reorganization case.”

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 17<sup>th</sup> day of July 2017.

  
\_\_\_\_\_  
Ruby Singh, President

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

Debtor Name CHOW DOWN CORP.  
United States Bankruptcy Court for the: Eastern District of New York  
(State)  
Case number (if known): \_\_\_\_\_

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

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

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

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

Executed on 07/24/2017  
MM / DD / YYYY

x Ruby Singh  
Signature of individual signing on behalf of debtor

RUBY SINGH  
Printed name

PRESIDENT  
Position or relationship to debtor



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

Debtor name CHOW DOWN CORP.

United States Bankruptcy Court for the: Eastern District of New York  
(State)

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

Check if this is an amended filing

Official Form 206D

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

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?  
 No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

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

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

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

**2.1** Creditor's name Kingswood Leasing

Creditor's mailing address  
16 Pierce Street  
Dover, NH 03820

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

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

Last 4 digits of account number \_\_\_\_\_

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

Describe debtor's property that is subject to a lien  
Diner Equipment  
Capital improvements

Describe the lien  
UCC-1

Is the creditor an insider or related party?  
 No  
 Yes

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

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

\$ 310,000.00      \$ 600,000.00

**2.2** Creditor's name Lease Corporation of America

Creditor's mailing address \_\_\_\_\_

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

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

Last 4 digits of account number \_\_\_\_\_

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

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

Describe the lien  
UCC-1

Is the creditor an insider or related party?  
 No  
 Yes

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

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

\$ 148,842.00      \$ 300,000.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.      \$ 900,000.00

Debtor CHOW DOWN CORP  
Name

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

**Part 1:**

**Additional Page**

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

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

**2.3** Creditor's name RIZ Capital Describe debtor's property that is subject to a lien Equipment \$ 20,000.00 \$ 75,000.00

Creditor's mailing address 3175 East Genesee Street  
Syracuse, NY 13224

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

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

Last 4 digits of account number \_\_\_\_\_

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

Describe the lien UCC-1

Is the creditor an insider or related party?  
 No  
 Yes

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

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

**2.** Creditor's name \_\_\_\_\_ Describe debtor's property that is subject to a lien \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address \_\_\_\_\_

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

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

Last 4 digits of account number \_\_\_\_\_

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

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

Is the creditor an insider or related party?  
 No  
 Yes

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

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

Debtor \_\_\_\_\_  
 Name \_\_\_\_\_

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

**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
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _
_____	Line 2. __	_ _ _ _

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

Debtor CHOW DOWN CORP.

United States Bankruptcy Court for the: Eastern District of New York  
(State)

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

Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

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

Debtor

CHOW DOWN CORP.

Name

Case number (if known)

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

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

**3.1** Nonpriority creditor's name and mailing address Amount of claim  
Progressive Designs As of the petition filing date, the claim is: \$ 300,000.00  
Check all that apply.  
13 Centre Street  Contingent  
Hempstead, NY 11550  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ Is the claim subject to offset?  
 Last 4 digits of account number \_\_\_\_\_  No  
 Yes

**3.2** Nonpriority creditor's name and mailing address Amount of claim  
Martin Silver Esq As of the petition filing date, the claim is: \$ 15,000.00  
Check all that apply.  
330 Motor Parkway  Contingent  
Hauppauge, NY 11788  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ Is the claim subject to offset?  
 Last 4 digits of account number \_\_\_\_\_  No  
 Yes

**3.3** Nonpriority creditor's name and mailing address Amount of claim  
Jitendra Singh As of the petition filing date, the claim is: \$ 300,000.00  
Check all that apply.  
9 Sage Estate  Contingent  
Albany, NY 12204  Unliquidated  
 Disputed  
 Basis for the claim: \_\_\_\_\_  
 Date or dates debt was incurred \_\_\_\_\_ Is the claim subject to offset?  
 Last 4 digits of account number \_\_\_\_\_  No  
 Yes

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

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

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

Debtor

Name

Case number (if known)

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

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

Total of claim amounts

5a. Total claims from Part 1

5a. \$ \_\_\_\_\_

5b. Total claims from Part 2

5b. + \$ 615,000.00

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

5c. \$ 615,000.00