

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

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

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 ATO Restaurant Associates LLC

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

3. Debtor's federal Employer Identification Number (EIN) 46-4268295

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

7 East 54 St  
New York, NY 10022

Number, Street, City, State & ZIP Code

New York  
County

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

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

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

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

Debtor **ATO Restaurant Associates LLC**  
Name

Case number (if known)

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

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

## B. Check all that apply

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

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

\_\_\_\_\_

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

## Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

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

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

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

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

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

- ☒ No
- ☐ Yes.

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

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

Debtor **ATO Restaurant Associates LLC**  
Name

Case number (if known)

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

Check all that apply:

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

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

☒ No

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

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

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

What is the hazard?

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

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

☐ Other

**Where is the property?**

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency

Contact name

Phone

**Statistical and administrative information**

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

Check one:

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

**14. Estimated number of creditors**

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☒ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **ATO Restaurant Associates LLC**  
Name

Case number (if known)

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

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

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

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on **May 31, 2016**  
MM / DD / YYYY

**X /s/ Ilaria Coletto**  
Signature of authorized representative of debtor  
  
Title **Managing Partner**

**Ilaria Coletto**  
Printed name

**18. Signature of attorney**

**X /s/ Mark Frankel**  
Signature of attorney for debtor

Date **May 31, 2016**  
MM / DD / YYYY

**Mark Frankel**  
Printed name

**Backenroth Frankel & Krinsky, LLP**  
Firm name

**800 Thrid Avenue**  
**New York, NY 10022**  
Number, Street, City, State & ZIP Code

Contact phone **(212) 593-1100** Email address

**8417**  
Bar number and State

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

Debtor name ATO Restaurant Associates LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

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

☐ Check if this is an amended filing

Official Form 202

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

12/15

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

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

**Declaration and signature**

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

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

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

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

Executed on May 31, 2016

**X /s/ Ilaria Coletto**

Signature of individual signing on behalf of debtor

**Ilaria Coletto**

Printed name

**Managing Partner**

Position or relationship to debtor

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

Debtor name **ATO Restaurant Associates LLC**  
United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**  
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
3 East 54th New York LLC c/o Harwood Reiff LLC 370 Lexington Ave, Ste 505 New York, NY 10017			Disputed			\$236,000.00
AG Adjustments, LTD 740 Walt Whitman Road Melville, NY 11747			Disputed			\$7,606.88
Arista Air Conditioning Corp 38-26 10th Street Long Island City, NY 11101			Disputed			\$2,030.53
Con Edison Electric JAF STATION PO Box 1702 New York, NY 10116						\$8,799.61
Con Edison Steam JAF Station 1701 New York, NY 10116			Disputed			\$15,736.81
Conca D'Oro 100 Bomont Pl Totowa, NJ 07512						\$8,239.31
De Martino's Fish Market 315-317 Douglass St Brooklyn, NY 11217						\$13,765.32
Empire Provisions PO Box 2246 New Hyde Park, NY 11040						\$9,676.28

Debtor **ATO Restaurant Associates LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Fadaro Fancy Foods Corp NYC Hunts Point Produce Terminal Market Row A Unit 106-A Bronx, NY 10474						\$14,001.42
Godfrey's Refrig. & Air Cond. Inc. 1094 Utica Ave Brooklyn, NY 11203			Disputed			\$3,133.12
Iesi - NY Corporation 1099 Wall Street Lyndhurst, NJ 07071						\$1,636.50
KB Network News 156 Fifth Ave PH2 New York, NY 10010						\$4,948.87
Mavilo SA Via Losanna 2 Lugano Switzerland						\$140,000.00
Morris Visitor Publications 79 Madison Ave 8th Floor New York, NY 10016						\$2,700.00
Nationwide Insurance Co. PO Box 10479 Des Moines, IA 50306						\$2,173.41
NYC Dept of Consumer Affairs Attn: Licensing Center 42 Broadway New York, NY 10004						\$1,928.97
Open Table, Inc. Payment Lockbox PO Box 671198 Dallas, TX 75267						\$1,909.79
Urban Flora Design 226 E 3rd Street New York, NY 10009						\$1,524.25
Verizon Business PO Box 660072 Dallas, TX 75266			Disputed			\$2,706.49
White Plains Linen 4 John Walsh Blvd Peekskill, NY 10566						\$3,639.96

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Debtor name ATO Restaurant Associates LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

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. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>1,167,166.66</u>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>1,167,166.66</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>0.00</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>0.00</u>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>499,284.32</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>499,284.32</u>



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

Debtor name ATO Restaurant Associates LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

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**  
**\$500.00**

**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. Interaudi Bank Two checking accounts \$20,000.00

**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.

**\$20,500.00**

**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

**\$25,000 held by Con Edison Electric**  
7.1. **\$571,666.66 held by landlord** **\$596,666.66**

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

Debtor ATO Restaurant Associates LLC Case number (If known) \_\_\_\_\_  
Name

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$596,666.66**

**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: 10,000.00 - 0.00 = .... \$10,000.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

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

**\$10,000.00**

**Part 4: Investments**

13. **Does the debtor own any investments?**

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

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

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

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

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale Wines, liquors, beverages, food		<u>\$0.00</u>		<u>\$55,000.00</u>

22. **Other inventory or supplies**

23. **Total of Part 5.**

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

**\$55,000.00**

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

- ☒ No  
☐ Yes

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

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ 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

Debtor ATO Restaurant Associates LLC  
Name

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

**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			
40.	Office fixtures Kitchen machines, refrigerators, ovens	\$0.00		\$25,000.00
41.	Office equipment, including all computer equipment and communication systems equipment and software Restaurant computers, printers, office computers	\$0.00		\$10,000.00
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.			\$35,000.00
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.

**Part 9: Real property**

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

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

**Part 10: Intangibles and intellectual property**

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

Debtor ATO Restaurant Associates LLC Case number (If known) \_\_\_\_\_  
Name

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

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property			
65.	Goodwill			
	Restaurant-Liquor License	\$450,000.00	Recent cost	\$450,000.00

66. **Total of Part 10.** **\$450,000.00**  
Add lines 60 through 65. Copy the total to line 89.

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

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

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

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**  
Include all interests in executory contracts and unexpired leases not previously reported on this form.  
☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor ATO Restaurant Associates LLC 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. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$20,500.00</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$596,666.66</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$10,000.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$55,000.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$35,000.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$450,000.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$1,167,166.66</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$1,167,166.66</b>

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

Debtor name ATO Restaurant Associates LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

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.

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

Debtor name **ATO Restaurant Associates LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

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	<b>Nonpriority creditor's name and mailing address</b> <b>3 East 54th New York LLC</b> <b>c/o Harwood Reiff LLC</b> <b>370 Lexington Ave, Ste 505</b> <b>New York, NY 10017</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$236,000.00</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>AG Adjustments, LTD</b> <b>740 Walt Whitman Road</b> <b>Melville, NY 11747</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,606.88</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>AMTRUST NORTH AMERICA</b> <b>PO Box 6939</b> <b>Cleveland, OH 44101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$711.06</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Arista Air Conditioning Corp</b> <b>38-26 10th Street</b> <b>Long Island City, NY 11101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,030.53</b>

Debtor **ATO Restaurant Associates LLC**  
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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Bayer Public Relations</b> <b>124 W 6th Street</b> <b>#22G</b> <b>New York, NY 10023</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$332.00</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Berkshire Hathaway</b> <b>Westguard Insurance Company</b> <b>PO Box 785570</b> <b>Philadelphia, PA 19178-5570</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,444.82</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>CIT</b> <b>21146 Network Place</b> <b>Chicago, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$198.09</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>CMI Services Corp</b> <b>240 Crossbay Boulevard</b> <b>Broad Channel, NY 11693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$381.06</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Con Edison Electric</b> <b>JAF STATION</b> <b>PO Box 1702</b> <b>New York, NY 10116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,799.61</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Con Edison Steam</b> <b>JAF Station 1701</b> <b>New York, NY 10116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,736.81</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Conca D'Oro</b> <b>100 Bomont PI</b> <b>Totowa, NJ 07512</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,239.31</b>



Debtor	<b>ATO Restaurant Associates LLC</b> Name _____	Case number (if known) _____
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>De Martino's Fish Market</b> <b>315-317 Douglass St</b> <b>Brooklyn, NY 11217</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$13,765.32</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Due Amici Imports</b> <b>62 2nd Ave</b> <b>Bay Shore, NY 11706</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$995.89</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Empire Business Interiors</b> <b>8 Halstead Ave</b> <b>Wallington, NJ 07057</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$902.63</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Empire Provisions</b> <b>PO Box 2246</b> <b>New Hyde Park, NY 11040</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$9,676.28</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Fadaro Fancy Foods Corp</b> <b>NYC Hunts Point Produce Terminal Market</b> <b>Row A Unit 106-A</b> <b>Bronx, NY 10474</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$14,001.42</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Godfrey's Refrig. &amp; Air Cond. Inc.</b> <b>1094 Utica Ave</b> <b>Brooklyn, NY 11203</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,133.12</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>GTS Global Telecom Supply</b> <b>15 Windsor Court</b> <b>Mineola, NY 11501</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$326.63</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **ATO Restaurant Associates LLC**

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

Name

3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Iesi - NY Corporation</b> <b>1099 Wall Street</b> <b>Lyndhurst, NJ 07071</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,636.50</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Ink Keepers</b> <b>PO Box 1759</b> <b>Long Island City, NY 11101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$211.03</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>KB Network News</b> <b>156 Fifth Ave</b> <b>PH2</b> <b>New York, NY 10010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,948.87</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Lund Fire Products Company, Inc.</b> <b>PO Box 610522</b> <b>Bayside, NY 11361</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$389.77</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Martin Almanzar, Inc.</b> <b>226-66th St</b> <b>Apt. 7</b> <b>West New York, NJ 07093</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$489.10</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Mavilo SA</b> <b>Via Losanna 2</b> <b>Lugano Switzerland</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$140,000.00</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Metropolis Express</b> <b>1123 Broadway</b> <b>Suite 315</b> <b>New York, NY 10010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18.00</b>

Debtor <b>ATO Restaurant Associates LLC</b>		Case number (if known) _____
Name _____		
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>MHW Ltd</b> <b>1129 Northern Blvd</b> <b>Suite 312</b> <b>Manhasset, NY 11030</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$200.00</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Michael Kelly Inc.</b> <b>136 Waverly Road</b> <b>Scarsdale, NY 10583</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$150.00</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>MJM Plumbing of New York Inc.</b> <b>43-76 10th St.</b> <b>Long Island City, NY 11101</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,070.24</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Morris Visitor Publications</b> <b>79 Madison Ave</b> <b>8th Floor</b> <b>New York, NY 10016</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,700.00</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Mr. T Carting</b> <b>73-10 Edsall Ave</b> <b>Glendale, NY 11385</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,109.87</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Nationwide Insurance Co.</b> <b>PO Box 10479</b> <b>Des Moines, IA 50306</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,173.41</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>NYC &amp; Company</b> <b>810 Seventh Ave</b> <b>3rd Floor</b> <b>ATTN: AR Dept</b> <b>New York, NY 10019</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$386.67</b>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>ATO Restaurant Associates LLC</b> Name	Case number (if known) _____
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>NYC Dept of Consumer Affairs</b> <b>Attn: Licensing Center</b> <b>42 Broadway</b> <b>New York, NY 10004</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>8DCA</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,928.97</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>NYC Dept of Finance</b> <b>For acct ID #10P1277237</b> <b>PO Box 3644</b> <b>New York, NY 10008</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$544.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>NYC Fire Department</b> <b>Church Street Station</b> <b>PO Box 840</b> <b>New York, NY 10008</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$70.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Olde Baker Shoppe</b> <b>26 Bay 8th St</b> <b>Brooklyn, NY 11228</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$375.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>On Hold Marketing &amp; Communications</b> <b>52 Main Street</b> <b>Studio 3</b> <b>Succasunna, NJ 07876</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$54.39</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Open Table, Inc.</b> <b>Payment Lockbox</b> <b>PO Box 671198</b> <b>Dallas, TX 75267</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1814</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,909.79</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Paramount Caviar</b> <b>38-15 24th Street</b> <b>Long Island City, NY 11101</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$435.75</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>ATO Restaurant Associates LLC</b> Name _____	Case number (if known) _____
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Skene Law Firm, P.C.</b> <b>2614 - Rte. 516</b> <b>Old Bridge, NJ 08857</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,406.35</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Standard Security Life Insurance Co./NY</b> <b>Church Street Station</b> <b>PO Box 6240</b> <b>New York, NY 10249</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$448.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>SWS Warehousing Inc.</b> <b>PO Box 250</b> <b>East Norwich, NY 11732</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$20.75</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Time Warner Cable</b> <b>PO Box 11820</b> <b>Newark, NJ 07101</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>2970</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,140.43</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Tri-State Exterminators Inc.</b> <b>2089 Schenectady Ave</b> <b>Brooklyn, NY 11234</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,085.75</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Urban Flora Design</b> <b>226 E 3rd Street</b> <b>New York, NY 10009</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,524.25</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Urbani Truffles USA Corporation</b> <b>10 West End Ave</b> <b>New York, NY 10023</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$537.97</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>ATO Restaurant Associates LLC</b> Name	Case number (if known) _____
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3.47	<b>Nonpriority creditor's name and mailing address</b> <b>US Premium Finance</b> <b>280 Technology Parkway</b> <b>Suite 200</b> <b>Norcross, GA 30092</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$767.54</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Vend Lease Company Inc.</b> <b>8100 Sandpiper Circle, Suite</b> <b>Nottingham, MD 21236</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon</b> <b>PO Box 15124</b> <b>Albany, NY 12212</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$243.55</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Business</b> <b>PO Box 660072</b> <b>Dallas, TX 75266</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>4983</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,706.49</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	<b>Nonpriority creditor's name and mailing address</b> <b>White Plains Linen</b> <b>4 John Walsh Blvd</b> <b>Peekskill, NY 10566</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,639.96</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>You&amp;Us Mechanical Services</b> <b>PO Box 7</b> <b>Mount Vernon, NY 10552</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$680.46</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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**Part 3: List Others to Be Notified About Unsecured Claims**

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

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

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

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

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

Debtor **ATO Restaurant Associates LLC**  
Name

Case number (if known)

**5a. Total claims from Part 1**

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

**5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 499,284.32
5c.	\$ 499,284.32

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

Debtor name **ATO Restaurant Associates LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

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 **Real property lease for restaurant**

State the term remaining **7 years**

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

**3 East 54th New York LLC  
c/o Harwood Reiff LLC  
370 Lexington Ave, Ste 505  
New York, NY 10017**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Trash Removal  
Started Mar. 2016  
Expires Mar. 2017**

State the term remaining **10 Months**

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

**Mr.T Carting  
73-10 Edsall Ave.  
Ridgewood, NY 11385**



Fill in this information to identify the case:

Debtor name ATO Restaurant Associates LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

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 **Peter Guimares**

**3 East 54th New York LLC**

☐ D \_\_\_\_\_

☒ E/F 3.1

☐ G \_\_\_\_\_

2.2 **Russell Bellanca**

**3 East 54th New York LLC**

☐ D \_\_\_\_\_

☒ E/F 3.1

☐ G \_\_\_\_\_

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Southern District of New York**

In re ATO Restaurant Associates LLC

Debtor(s)

Case No.

Chapter

11

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

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

For legal services, I have agreed to accept .....	\$	<u>20,000.00</u>
Prior to the filing of this statement I have received .....	\$	<u>0.00</u>
Balance Due .....	\$	<u>20,000.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

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 a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

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

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

**Fee is a retainer only. The Debtor is responsible for additional fees after retainer has been exhausted.**

**CERTIFICATION**

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

**May 31, 2016**

*Date*

**/s/ Mark Frankel**

**Mark Frankel 8417**

*Signature of Attorney*

**Backenroth Frankel & Krinsky, LLP**

**800 Thrid Avenue**

**New York, NY 10022**

**(212) 593-1100 Fax: (212) 644-0544**

*Name of law firm*

**United States Bankruptcy Court  
Southern District of New York**

In re **ATO Restaurant Associates LLC**

Debtor(s)

Case No.  
Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

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

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Legend America 2000 Biscayne Blvd Miami, FL 33137</b>			<b>85% Membership</b>
<b>Russell Bellanca 845 United Nations Plaza Apt 63C New York, NY 10017</b>			<b>15% Membership</b>

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

I, the **Managing Partner** 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 **May 31, 2016**

Signature **/s/ Ilaria Coletto**  
**Ilaria Coletto**

*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.*

**United States Bankruptcy Court  
Southern District of New York**

In re **ATO Restaurant Associates LLC**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

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

Date: **May 31, 2016**

**/s/ Ilaria Coletto**

**Ilaria Coletto/Managing Partner**

Signer/Title

Internal Revenue Service  
c/o US Attorney Claims Unit  
One Saint Andrews Plaza Rm 417  
New York, NY 10007

Office of The United States Trustee  
U.S. Federal Office Building  
201 Varick Street  
Suite 1006  
New York, NY 10014

United States of America  
c/o U.S. Attorney  
86 Chambers Street  
New York, NY 10007

NYS Dept of Tax & Finance  
Bankruptcy Unit  
PO Box 5300  
Albany, NY 12205

State of New York  
Attorney General's Office  
120 Broadway  
New York, NY 10271

City of New York  
NYC Law Department  
100 Church St  
New York, NY 10007

NYC Department of Finance  
66 John Street  
New York, NY 10038

Jaguar Credit  
PO Box 680020  
Franklin, TN 37068

MB Financial Services  
36455 Corporate Drive  
Farmington, MI 48331

Everhome Mortgage  
c/o Ever Bank  
Attn Bankruptcy Unit  
301 W Bay Street  
Jacksonville, FL 32202-5184

OneWest Bank F.S.B.  
c/o Fein Such & Crane LLP  
28 E Main Street  
Suite 1800  
Rochester, NY 14614-1936

Chase Card  
PO Box 15298  
Wilmington, DE 19850-5298

Citibank NA  
640 Fifth Avenue  
New York, NY 10019

3 East 54th New York LLC  
c/o Harwood Reiff LLC  
370 Lexington Ave, Ste 505  
New York, NY 10017

AG Adjustments, LTD  
740 Walt Whitman Road  
Melville, NY 11747

AMTRUST NORTH AMERICA  
PO Box 6939  
Cleveland, OH 44101

Arista Air Conditioning Corp  
38-26 10th Street  
Long Island City, NY 11101

Bayer Public Relations  
124 W 6th Street  
#22G  
New York, NY 10023

Berkshire Hathaway  
Westguard Insurance Company  
PO Box 785570  
Philadelphia, PA 19178-5570

CIT  
21146 Network Place  
Chicago, IL 60673

CMI Services Corp  
240 Crossbay Boulevard  
Broad Channel, NY 11693

Con Edison Electric  
JAF STATION  
PO Box 1702  
New York, NY 10116

Con Edison Steam  
JAF Station 1701  
New York, NY 10116

Conca D'Oro  
100 Bomont Pl  
Totowa, NJ 07512

De Martino's Fish Market  
315-317 Douglass St  
Brooklyn, NY 11217

Due Amici Imports  
62 2nd Ave  
Bay Shore, NY 11706

Empire Business Interiors  
8 Halstead Ave  
Wallington, NJ 07057

Empire Provisions  
PO Box 2246  
New Hyde Park, NY 11040

Fadaro Fancy Foods Corp  
NYC Hunts Point Produce Terminal Market  
Row A Unit 106-A  
Bronx, NY 10474

Godfrey's Refrig. & Air Cond. Inc.  
1094 Utica Ave  
Brooklyn, NY 11203

GTS Global Telecom Supply  
15 Windsor Court  
Mineola, NY 11501

Iesi - NY Corporation  
1099 Wall Street  
Lyndhurst, NJ 07071

Ink Keepers  
PO Box 1759  
Long Island City, NY 11101

KB Network News  
156 Fifth Ave  
PH2  
New York, NY 10010

Lund Fire Products Company, Inc.  
PO Box 610522  
Bayside, NY 11361

Martin Almanzar, Inc.  
226-66th St  
Apt. 7  
West New York, NJ 07093

Mavilo SA  
Via Losanna 2  
Lugano Switzerland

Metropolis Express  
1123 Broadway  
Suite 315  
New York, NY 10010

MHW Ltd  
1129 Northern Blvd  
Suite 312  
Manhasset, NY 11030

Michael Kelly Inc.  
136 Waverly Road  
Scarsdale, NY 10583



MJM Plumbing of New York Inc.  
43-76 10th St.  
Long Island City, NY 11101

Morris Visitor Publications  
79 Madison Ave  
8th Floor  
New York, NY 10016

Mr. T Carting  
73-10 Edsall Ave  
Glendale, NY 11385

Mr.T Carting  
73-10 Edsall Ave.  
Ridgewood, NY 11385

Nationwide Insurance Co.  
PO Box 10479  
Des Moines, IA 50306

NYC & Company  
810 Seventh Ave  
3rd Floor  
ATTN: AR Dept  
New York, NY 10019

NYC Dept of Consumer Affairs  
Attn: Licensing Center  
42 Broadway  
New York, NY 10004

NYC Dept of Finance  
For acct ID #10P1277237  
PO Box 3644  
New York, NY 10008

NYC Fire Department  
Church Street Station  
PO Box 840  
New York, NY 10008

Olde Baker Shoppe  
26 Bay 8th St  
Brooklyn, NY 11228

On Hold Marketing & Communications  
52 Main Street  
Studio 3  
Succasunna, NJ 07876

Open Table, Inc.  
Payment Lockbox  
PO Box 671198  
Dallas, TX 75267

Paramount Caviar  
38-15 24th Street  
Long Island City, NY 11101

Peter Guimares

Russell Bellanca

Skene Law Firm, P.C.  
2614 - Rte. 516  
Old Bridge, NJ 08857

Standard Security Life Insurance Co./NY  
Church Street Station  
PO Box 6240  
New York, NY 10249

SWS Warehousing Inc.  
PO Box 250  
East Norwich, NY 11732

Time Warner Cable  
PO Box 11820  
Newark, NJ 07101

Tri-State Exterminators Inc.  
2089 Schenectady Ave  
Brooklyn, NY 11234

Urban Flora Design  
226 E 3rd Street  
New York, NY 10009

Urbani Truffles USA Corporation  
10 West End Ave  
New York, NY 10023

US Premium Finance  
280 Technology Parkway  
Suite 200  
Norcross, GA 30092

Vend Lease Company Inc.  
8100 Sandpiper Circle, Suite  
Nottingham, MD 21236

Verizon  
PO Box 15124  
Albany, NY 12212

Verizon Business  
PO Box 660072  
Dallas, TX 75266

White Plains Linen  
4 John Walsh Blvd  
Peekskill, NY 10566

You&Us Mechanical Services  
PO Box 7  
Mount Vernon, NY 10552

**United States Bankruptcy Court  
Southern District of New York**

In re **ATO Restaurant Associates LLC**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

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

**Legend America  
2000 Biscayne Blvd  
Miami, FL 33137**

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☐ None [*Check if applicable*]

**May 31, 2016**

Date

**/s/ Mark Frankel**

**Mark Frankel 8417**

Signature of Attorney or Litigant

Counsel for **ATO Restaurant Associates LLC**

**Backenroth Frankel & Krinsky, LLP**

**800 Thrid Avenue**

**New York, NY 10022**

**(212) 593-1100 Fax:(212) 644-0544**

**United States Bankruptcy Court  
Southern District of New York**

In re **ATO Restaurant Associates LLC**

Debtor(s)

Case No.  
Chapter

**11**

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, **Ilaria Coletto**, declare under penalty of perjury that I am the **Managing Partner** of **ATO Restaurant Associates LLC**, and that the following is a true and correct copy of the resolutions adopted at a special meeting duly called and held on the 31st day of May, 2016.

"Whereas, it is in the best interest of this LLC to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Ilaria Coletto, Managing Partner** of this LLC, 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

Be It Further Resolved, that **Ilaria Coletto, Managing Partner** of this LLC is authorized and directed to appear in all bankruptcy proceedings on behalf of the LLC, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the LLC in connection with such bankruptcy case, and

Be It Further Resolved, that **Ilaria Coletto, Managing Partner** of this LLC is authorized and directed to employ the law firm of **Backenroth Frankel & Krinsky, LLP** to represent the corporation in such bankruptcy case."

Date **May 31, 2016**

Signed **/s/ Ilaria Coletto**  
**Ilaria Coletto**

Resolution of Board of Directors  
of  
**ATO Restaurant Associates LLC**

Whereas, it is in the best interest of this LLC to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Ilaria Coletto, Managing Partner** of this LLC, 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

Be It Further Resolved, that **Ilaria Coletto, Managing Partner** of this LLC is authorized and directed to appear in all bankruptcy proceedings on behalf of the LLC, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the LLC in connection with such bankruptcy case, and

Be It Further Resolved, that **Ilaria Coletto, Managing Partner** of this LLC is authorized and directed to employ the law firm of **Backenroth Frankel & Krinsky, LLP** to represent the corporation in such bankruptcy case.