

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	<u>Bee-Alive, Inc.</u>		
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and <i>doing business as</i> names		
3. Debtor's federal Employer Identification Number (EIN)	<u>13-3240624</u>		
4. Debtor's address	Principal place of business <u>151 North Rt 9 W, Suite B</u> <u>Congers, NY 10920</u>	Mailing address, if different from principal place of business Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
	<u>Rockland</u> County	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code	
5. Debtor's website (URL)	<u>bealive.com</u>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

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

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.4461

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

Bee-Alive, Inc.

Name

Case number (if known)

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

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)**

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

What is the hazard? _____

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

Debtor

Bee-Alive, Inc.

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 September 30, 2016

MM / DD / YYYY

X /s/ Jason Balletta

Signature of authorized representative of debtor

Jason Balletta

Printed name

Title Owner and President

18. Signature of attorney

X /s/ Abraham M. George

Signature of attorney for debtor

Date September 30, 2016

MM / DD / YYYY

Abraham M. George

Printed name

The Law Office of Abe George

Firm name

44 Wall Street, 2nd Floor

New York, NY 10005

Number, Street, City, State & ZIP Code

Contact phone (212) 498-9803

Email address abe@abegeorge.lawyer

4272258 New York

Bar number and State

Fill in this information to identify the case:

Debtor name Bee-Alive, Inc.

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 September 30, 2016

X /s/ Jason Balletta

Signature of individual signing on behalf of debtor

Jason Balletta

Printed name

Owner and President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name	Bee-Alive, Inc.
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		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
150 115 163 9W, LLC 1-3 Calvary Dr New City, NY 10956						\$49,700.00
Anthony Balletta						\$160,000.00
Bank of America PO Box 982228 El Paso, TX 79998						\$27,600.00
Bard Rock Corp. 1-3 Calvary Dr New City, NY 10956						\$77,500.00
Cablevision Lightpath PO Box 36011 Pittsburgh, PA 15251-6111						\$121,041.02
Capital One Bank Attn: General Correspondence PO Box 30285 Salt Lake City, UT 84130-0285						\$449,132.24
Direct Energy Business PO Box 70220 Philadelphia, PA 19176-0220						\$20,025.61
KLM Contracting 110 Central Hwy Stony Point, NY 10980						\$25,000.00
MailFinance 25881 Network Place Chicago, IL 60673-1258						\$15,000.00

Debtor **Bee-Alive, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Malesardi, Quackenbush, Swift & Co. 155 N Dean St, Ste 5A Englewood, NJ 07631						\$28,000.00
Multi Packaging Attn: Legal Correspondence 150 E 52nd St, 28th Floor New York, NY 10022						\$17,493.93
New Vision Technologies 99 Main St Nyack, NY 10960						\$61,746.96
Nugent Brothers, Inc. 107 Lake Rd Valley Cottage, NY 10989						\$14,893.21
Publishing Group of America PO Box 1002206 Atlanta, GA 30368-2206						\$106,500.00
Rose Balletta 681 Rolling Wood Way Valley Cottage, NY 10989						\$141,291.26
Shorewood Packaging 2220 Midland Ave 50 Administration Isle Toronto, Ontario M1P3E6						\$14,996.72
UPS PO Box 7247-0244 Philadelphia, PA 19170-0001						\$73,794.64
UPS Cust Tech Program PO Box 7247-0244 Philadelphia, PA 19170-0001						\$22,118.15
Venable, Baetjer, and Howard PO Box 62727 Baltimore, MD 21264-2727						\$84,000.00

Debtor Name	Bee-Alive, Inc.		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.
Wells Fargo PO Box 6434 Carol Stream, IL 60197-6434					Total claim, if partially secured Deduction for value of collateral or setoff Unsecured claim \$95,855.61

Fill in this information to identify the case:

Debtor name **Bee-Alive, Inc.**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. Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 588,873.17**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 588,873.17**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 17,046.44**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 1,724,386.33**4. Total liabilities**
Lines 2 + 3a + 3b\$ 1,741,432.77

Fill in this information to identify the case:

Debtor name **Bee-Alive, Inc.**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****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. **JP Morgan Chase Bank, NA** **Checking** **7059** **\$0.00**3.2. **Capital One** **Checking** **2126** **\$0.00**3.3. **Capital One** **Checking** **6961** **\$0.00****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.

\$0.00**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.**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?** No. Go to Part 4.

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

Debtor Bee-Alive, Inc. _____ Case number (*If known*) _____
Name _____

Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>63,641.00</u>	-	<u>0.00</u>	=	<u>\$63,641.00</u>
	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.

\$63,641.00

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 <u>Raw materials</u>	<u>2015</u>	<u>\$213,212.62</u>	<u>Recent cost</u>	<u>\$213,212.62</u>
20. Work in progress <u>Finished Goods</u>	<u>2015</u>	<u>\$5,819.55</u>	<u>Revenue based</u>	<u>\$5,819.55</u>

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

22. **Other inventory or supplies**

23. **Total of Part 5.**

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

\$219,032.17

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

No

Yes

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

No

Yes. Book value _____ Valuation method _____ Current Value _____

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

No

Yes

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

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

No. Go to Part 7.

Debtor Bee-Alive, Inc.
NameCase number (*If known*) _____ 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.	<u>Office furniture</u>			
	<u>1 Large Conference Table</u>	<u>\$1,500.00</u>	<u>Replacement</u>	<u>\$1,500.00</u>
	<u>1 Wood Hutch</u>	<u>\$1,500.00</u>	<u>Replacement</u>	<u>\$1,500.00</u>
	<u>1 Glass Display Case</u>	<u>\$500.00</u>	<u>Replacement</u>	<u>\$500.00</u>
	<u>8 Up Chairs</u>	<u>\$400.00</u>	<u>Replacement</u>	<u>\$400.00</u>
	<u>1 Small Wood Server Cabinet</u>	<u>\$250.00</u>	<u>Replacement</u>	<u>\$250.00</u>
	<u>1 Antique 2 Seat Bench</u>	<u>\$250.00</u>	<u>Replacement</u>	<u>\$250.00</u>
	<u>1 Antique Curio</u>	<u>\$200.00</u>	<u>Replacement</u>	<u>\$200.00</u>
	<u>1 Chaise Lounge</u>	<u>\$200.00</u>	<u>Replacement</u>	<u>\$200.00</u>
	<u>1 Antique Needlepoint Chair</u>	<u>\$100.00</u>	<u>Replacement</u>	<u>\$100.00</u>
	<u>1 Up Guest Chair</u>	<u>\$50.00</u>	<u>Replacement</u>	<u>\$50.00</u>
	<u>1 Marble Top End Table</u>	<u>\$50.00</u>	<u>Replacement</u>	<u>\$50.00</u>
	<u>9 5-drawer Lateral File Cabinets</u>	<u>\$9,000.00</u>	<u>Replacement</u>	<u>\$9,000.00</u>
	<u>6 4-drawer Lateral File Cabinets</u>	<u>\$6,000.00</u>	<u>Replacement</u>	<u>\$6,000.00</u>
	<u>35 Desk Chairs</u>	<u>\$3,500.00</u>	<u>Replacement</u>	<u>\$3,500.00</u>
	<u>1 Large Desk</u>	<u>\$1,500.00</u>	<u>Replacement</u>	<u>\$1,500.00</u>
	<u>7 L-shaped Desks</u>	<u>\$1,400.00</u>	<u>Replacement</u>	<u>\$1,400.00</u>
	<u>24 4-drawer File Cabinets</u>	<u>\$1,200.00</u>	<u>Replacement</u>	<u>\$2,400.00</u>

Debtor	<u>Bee-Alive, Inc.</u> Name	Case number (<i>If known</i>)
<u>7 Desks</u>	<u>\$700.00</u>	<u>Replacement</u>
<u>27 Wall Cabinets</u>	<u>\$540.00</u>	<u>Replacement</u>
<u>1 Long Supervisor Desk/Bench</u>	<u>\$500.00</u>	<u>Replacement</u>
<u>6 5-drawer File Cabinets</u>	<u>\$450.00</u>	<u>Replacement</u>
<u>7 Guest Chairs</u>	<u>\$350.00</u>	<u>Replacement</u>
<u>3 Guest Arm Chairs</u>	<u>\$300.00</u>	<u>Replacement</u>
<u>4 3-drawer Lateral File Cabinets</u>	<u>\$200.00</u>	<u>Replacement</u>
<u>3 2-drawer Wooden Lateral File Cabinets</u>	<u>\$150.00</u>	<u>Replacement</u>
<u>3 2-drawer Lateral File Cabinets</u>	<u>\$150.00</u>	<u>Replacement</u>
<u>7 Floor Cabinets</u>	<u>\$140.00</u>	<u>Replacement</u>
<u>20 Cubbies (Desk and Dividers)</u>	<u>\$100.00</u>	<u>Replacement</u>
<u>3 2-shelf Bookcases</u>	<u>\$60.00</u>	<u>Replacement</u>
<u>1 Desk Chair</u>	<u>\$50.00</u>	<u>Replacement</u>
<u>2 2-drawer File Cabinets</u>	<u>\$50.00</u>	<u>Replacement</u>
<u>1 3-shelf Bookcase</u>	<u>\$20.00</u>	<u>Replacement</u>
<u>1 Tower Bookcase</u>	<u>\$20.00</u>	<u>Replacement</u>
<u>1 5-shelf Bookcase</u>	<u>\$20.00</u>	<u>Replacement</u>
40. Office fixtures		
41. Office equipment, including all computer equipment and communication systems equipment and software		
<u>2 Cannon NP6050</u>	<u>\$30,000.00</u>	<u>Replacement</u>
<u>HP LaserJet 8150N</u>	<u>\$15,000.00</u>	<u>Replacement</u>
<u>All Electronics Equipment, including 45 Monitors, 25 Computers, 4 Servers, 1 Fellows 320 Shredding Machine, 1 HP LaserJet 3600N</u>	<u>\$50,000.00</u>	<u>Replacement</u>

Debtor Bee-Alive, Inc. _____ Case number (*If known*) _____
Name _____

Printer, 1 Scanner, 1 HP LaserJet 4050 Printer,
1 HP LaserJet 4100N Printer, 1 CD Copier, 1
DVD Player, 2 Tape Recorders, 1 Video
Camera, 2 HP LaserJet 4000, 1 HP LaserJet
4400, 2 Label Printers Strip 54M/Scales, 1 HP
LaserJet 8000N, various Microsoft Licensing
programs, and misc. other speakers, supplies,
keyboards, and CDs.

<u>3 Shipping Stations</u>	<u>\$600.00</u>	<u>Replacement</u>	<u>\$600.00</u>
<u>1 Guirdall Safe</u>	<u>\$500.00</u>	<u>Replacement</u>	<u>\$500.00</u>
<u>1 Washer</u>	<u>\$500.00</u>	<u>Replacement</u>	<u>\$500.00</u>
<u>1 Dryer</u>	<u>\$500.00</u>	<u>Replacement</u>	<u>\$500.00</u>

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.** _____ \$129,700.00
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No
 Yes

Part 8: Machinery, equipment, and vehicles

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

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

<u>47.1. 2012 Nissan Pathfinder - Leased Vehicle, ends 9/15/16</u>	<u>\$0.00</u>	<u>\$0.00</u>
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48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Debtor	<u>Bee-Alive, Inc.</u> Name	Case number (<i>If known</i>)
<u>Tex Wrap Shrink Wrap Machine</u>	<u>\$35,000.00</u>	<u>Replacement</u>
<u>Walk In Freezer (15 x 15 est.)</u>	<u>\$20,000.00</u>	<u>Replacement</u>
<u>2003 Nissan Forklift</u>	<u>\$20,000.00</u>	<u>Replacement</u>
<u>Kirby Tester Capule Counter</u>	<u>\$17,500.00</u>	<u>Replacement</u>
<u>Walk In Freezer (10 x 10 est.)</u>	<u>\$12,500.00</u>	<u>Replacement</u>
<u>Geyer Filling Machine</u>	<u>\$10,000.00</u>	<u>Replacement</u>
<u>Norwood K-7 Imprinter</u>	<u>\$10,000.00</u>	<u>Replacement</u>
<u>Universal L-60 Semi Hex Label Machine</u>	<u>\$8,500.00</u>	<u>Replacement</u>
<u>Universal Vial Label Machine</u>	<u>\$8,000.00</u>	<u>Replacement</u>
<u>Ivek Filling Machine (SERJ & Royale)</u>	<u>\$7,500.00</u>	<u>Replacement</u>
<u>Kirby Lester Hoppers Capule Loader</u>	<u>\$5,000.00</u>	<u>Replacement</u>
<u>Norwood Labeler (Imprinter)</u>	<u>\$5,000.00</u>	<u>Replacement</u>
<u>Norwood Carton (Imprinter)</u>	<u>\$4,000.00</u>	<u>Replacement</u>
<u>2 Compressors</u>	<u>\$4,000.00</u>	<u>Replacement</u>
<u>Hobar Dishwasher</u>	<u>\$2,500.00</u>	<u>Replacement</u>
<u>Box Sealer</u>	<u>\$2,000.00</u>	<u>Replacement</u>
<u>Box Machine</u>	<u>\$2,000.00</u>	<u>Replacement</u>
<u>Strapack (Strapping Machine)</u>	<u>\$2,000.00</u>	<u>Replacement</u>
<u>Label Machine</u>	<u>\$1,000.00</u>	<u>Replacement</u>

51. **Total of Part 8.**

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

\$176,500.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?** No

Debtor Bee-Alive, Inc. _____ Case number (*If known*) _____
Name _____

Yes

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

No
 Yes

Part 9: Real property

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

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

Part 10: Intangibles and intellectual property

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

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

Part 11: All other assets

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

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

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

Debtor Bee-Alive, Inc.
NameCase number (*If known*) _____Part 12: **Summary**

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$63,641.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$219,032.17</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$129,700.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$176,500.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$588,873.17</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$588,873.17</u>

Fill in this information to identify the case:

Debtor name **Bee-Alive, Inc.**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.

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.

	Describe debtor's property that is subject to a lien	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 Core Funding Creditor's Name	Bee Alive Deposits	Unknown	\$0.00
Creditor's mailing address	Describe the lien		
Creditor's email address, if known	Is the creditor an insider or related party?		
Date debt was incurred	<input checked="" type="checkbox"/> No		
Last 4 digits of account number	<input type="checkbox"/> Yes		
Do multiple creditors have an interest in the same property?	Is anyone else liable on this claim?		
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
	As of the petition filing date, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
2.2 Sprout Creditor's Name	Bee Alive Deposits	Unknown	\$0.00
1111 Broadhollow Rd Farmingdale, NY 11735	Describe the lien		
Creditor's mailing address	Is the creditor an insider or related party?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
Creditor's email address, if known	Is anyone else liable on this claim?		
Date debt was incurred	<input checked="" type="checkbox"/> No		
Last 4 digits of account number	<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply		

Debtor **Bee-Alive, Inc.**
Name _____

Case number (if known) _____

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

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$0.00**

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

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

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

Name and address _____

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity _____

Fill in this information to identify the case:

Debtor name **Bee-Alive, Inc.**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.

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

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Aimee Perretti 25 Wilshire Dr Chestnut Ridge, NY 10977	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$736.23 \$736.23
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address Alejandro Guzman 11 Congers Ave Haverstraw, NY 10927	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$840.16 \$840.16
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Bee-Alive, Inc. Name	Case number (if known)	
2.3	Priority creditor's name and mailing address Charmaine Wright 260 Main St Highland Falls, NY 10928	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$214.55 \$214.55
2.4	Priority creditor's name and mailing address Eileen Flynn 249 N Middletown Rd Apt 11A Nanuet, NY 10954	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$1,280.78 \$1,280.78
2.5	Priority creditor's name and mailing address Emily Caputo 25 Wilshire Dr. Chestnut Ridge, NY 10977	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$662.64 \$662.64
2.6	Priority creditor's name and mailing address Erica McGovern 80 N Grant Ave Congers, NY 10920	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$645.70 \$645.70

Debtor	Bee-Alive, Inc. Name	Case number (if known)		
2.7	Priority creditor's name and mailing address Gail Miller 531 Washington Ave Newburgh, NY 12550	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$1,534.63	\$1,534.63
2.8	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency PO Box 7346 Philadelphia, PA 19101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Unknown	\$0.00
2.9	Priority creditor's name and mailing address Kimberly Russo 16 Whitman St Congers, NY 10920	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$1,800.00	\$1,800.00
2.10	Priority creditor's name and mailing address Linda O'Brien 57 Graywood Dr Orangeburg, NY 10962	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$1,006.40	\$1,006.40

Debtor	Bee-Alive, Inc. Name	Case number (if known)	
2.11	Priority creditor's name and mailing address Lori McGuire 29 Kevin Ct Congers, NY 10920	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$882.66 \$882.66
2.12	Priority creditor's name and mailing address Marisa Sciarretta 8 Kings Ct Valley Cottage, NY 10989	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$1,347.86 \$1,347.86
2.13	Priority creditor's name and mailing address Mary Ann Totero 98 Lakewood Dr Congers, NY 10920	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$647.95 \$647.95
2.14	Priority creditor's name and mailing address Matthew Averinos 29 Kevin Ct Congers, NY 10920	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$407.74 \$407.74

Debtor	Bee-Alive, Inc. Name	Case number (if known)	
2.15	Priority creditor's name and mailing address Michelle Verderosa 9 Louise Dr West Nyack, NY 10994	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$241.23 \$241.23
2.16	Priority creditor's name and mailing address Nellie Santiago 137 1st Ave Nyack, NY 10960	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$1,052.73 \$1,052.73
2.17	Priority creditor's name and mailing address NYS Dept of Taxation & Finance Bankruptcy Section PO Box 5300 Albany, NY 12205-0300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Unknown \$0.00
2.18	Priority creditor's name and mailing address NYS Workers Compensation Board Centralized Mailing Address PO Box 5205 Binghamton, NY 13902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Unknown \$0.00

Debtor	Bee-Alive, Inc. Name	Case number (if known)	
2.19	Priority creditor's name and mailing address Patricia Schmidt 168-5 N Rt. 303 Congers, NY 10920	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$787.74 \$787.74
2.20	Priority creditor's name and mailing address Paula VanHouten 4 New Lake Rd Valley Cottage, NY 10989	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$452.99 \$452.99
2.21	Priority creditor's name and mailing address Richard Stepenson 153 Van Wyck Rd Blauvelt, NY 10913	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$425.86 \$425.86
2.22	Priority creditor's name and mailing address Sheryl Taffw 14 Eastlyn St Bardonia, NY 10954	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$431.03 \$431.03

Debtor	Bee-Alive, Inc. Name	Case number (if known)		
2.23	Priority creditor's name and mailing address Victoria Kiernan 928 Mica Ct Valley Cottage, NY 10989	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$1,016.49	\$1,016.49
2.24	Priority creditor's name and mailing address Zarouhi Korozman 370 Kings Hwy Valley Cottage, NY 10989	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	\$631.07	\$631.07

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address 150 115 163 9W, LLC 1-3 Calvary Dr New City, NY 10956 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,700.00
3.2	Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101-1270 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,925.00
3.3	Nonpriority creditor's name and mailing address Anthony Balletta Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160,000.00

Debtor	Bee-Alive, Inc. Name	Case number (if known)	
3.4	Nonpriority creditor's name and mailing address Asia TV USA Ltd 250 W 34th St, Suite 3501 New York, NY 10119 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,292.00
3.5	Nonpriority creditor's name and mailing address Bank of America PO Box 982228 El Paso, TX 79998 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,600.00
3.6	Nonpriority creditor's name and mailing address Bard Rock Corp. 1-3 Calvary Dr New City, NY 10956 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,500.00
3.7	Nonpriority creditor's name and mailing address Cablevision Lightpath PO Box 36011 Pittsburgh, PA 15251-6111 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121,041.02
3.8	Nonpriority creditor's name and mailing address Cablevision/Optimum PO Box 371378 Pittsburgh, PA 15250-7378 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.75
3.9	Nonpriority creditor's name and mailing address Capital One Bank Attn: General Correspondence PO Box 30285 Salt Lake City, UT 84130-0285 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>7744</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$449,132.24
3.10	Nonpriority creditor's name and mailing address Capsugel 535 N. Emerald Rd Greenwood, SC 29646 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,383.39

Debtor	Bee-Alive, Inc. Name	Case number (if known)	
3.11	Nonpriority creditor's name and mailing address Chase Card Services PO Box 15298 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,900.00
3.12	Nonpriority creditor's name and mailing address Direct Energy Business PO Box 70220 Philadelphia, PA 19176-0220 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,025.61
3.13	Nonpriority creditor's name and mailing address Environetics 180 Sylvan Ave Englewood Cliffs, NJ 07632 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,080.55
3.14	Nonpriority creditor's name and mailing address Federal Express PO Box 371461 Pittsburgh, PA 15250-7461 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$597.80
3.15	Nonpriority creditor's name and mailing address Greensky PO Box 933614 Atlanta, GA 31193-3614 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,764.11
3.16	Nonpriority creditor's name and mailing address Guideposts 39 Old Ridgebury Rd, Suite 2AB Danbury, CT 06810 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,100.00
3.17	Nonpriority creditor's name and mailing address Hearst Magazines PO Box 25883 Lehigh Valley, PA 18002-5883 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00

Debtor	Bee-Alive, Inc. Name	Case number (if known)
3.18	Nonpriority creditor's name and mailing address John Hancock Retirement Plan Services PO Box 600 Buffalo, NY 14201 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address KLM Contracting 110 Central Hwy Stony Point, NY 10980 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address MailFinance 25881 Network Place Chicago, IL 60673-1258 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address Malesardi, Quackenbush, Swift & Co. 155 N Dean St, Ste 5A Englewood, NJ 07631 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address Manhattan Advertising & Media Law 237 California St El Segundo, CA 90245 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,279.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address Mibar.net 1412 Broadway, Suite 410 New York, NY 10018 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address Multi Packaging Attn: Legal Correspondence 150 E 52nd St, 28th Floor New York, NY 10022 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,493.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Bee-Alive, Inc. Name	Case number (if known)	
3.25	Nonpriority creditor's name and mailing address NeoPost USA Inc 25880 Network Place Chicago, IL 60673-1258 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,114.35
3.26	Nonpriority creditor's name and mailing address New Vision Technologies 99 Main St Nyack, NY 10960 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,746.96
3.27	Nonpriority creditor's name and mailing address Nugent Brothers, Inc. 107 Lake Rd Valley Cottage, NY 10989 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,893.21
3.28	Nonpriority creditor's name and mailing address O.Berk Company 300 Callegari St West Haven, CT 06516 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.29	Nonpriority creditor's name and mailing address Paul Tillinghast 231 W 29th St, Ste 701 New York, NY 10001 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,000.00
3.30	Nonpriority creditor's name and mailing address Publishing Group of America PO Box 1002206 Atlanta, GA 30368-2206 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$106,500.00
3.31	Nonpriority creditor's name and mailing address Robert Half PO Box 60000 San Francisco, CA 94160-3484 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,009.00

Debtor	Bee-Alive, Inc. Name	Case number (if known)	
3.32	Nonpriority creditor's name and mailing address Rose Balletta 681 Rolling Wood Way Valley Cottage, NY 10989 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141,291.26
3.33	Nonpriority creditor's name and mailing address Schuck Moving Systems Corp. 43 Lake Rd Valley Cottage, NY 10989 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,080.00
3.34	Nonpriority creditor's name and mailing address Shorewood Packaging 2220 Midland Ave 50 Administration Isle Toronto, Ontario M1P3E6 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,996.72
3.35	Nonpriority creditor's name and mailing address The Law Office of Holly Bayne 10000 Valley Creek Lane Vienna, VA 22182 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,000.00
3.36	Nonpriority creditor's name and mailing address TotalFunds by Hasler PO Box 30193 Tampa, FL 33630-3193 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,521.48
3.37	Nonpriority creditor's name and mailing address UPS PO Box 7247-0244 Philadelphia, PA 19170-0001 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73,794.64
3.38	Nonpriority creditor's name and mailing address UPS Cust Tech Program PO Box 7247-0244 Philadelphia, PA 19170-0001 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,118.15

Debtor	Bee-Alive, Inc. Name	Case number (if known)	
3.39	Nonpriority creditor's name and mailing address Urquhart-Dykes Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.40	Nonpriority creditor's name and mailing address USS Corporation 780 Frelinhuyzen Ave Newark, NJ 07114 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,005.75
3.41	Nonpriority creditor's name and mailing address Venable, Baetjer, and Howard PO Box 62727 Baltimore, MD 21264-2727 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84,000.00
3.42	Nonpriority creditor's name and mailing address Verizon Wireless Bankruptcy Administration 500 Technology Dr., Suite 550 Saint Charles, MO 63304 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,889.80
3.43	Nonpriority creditor's name and mailing address Wells Fargo PO Box 6434 Carol Stream, IL 60197-6434 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,855.61

Part 3: List Others to Be Notified About Unsecured Claims

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

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

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	--	---

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

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

5a. Total claims from Part 1
5b. Total claims from Part 2

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

Total of claim amounts	
5a.	\$ 17,046.44
5b.	\$ 1,724,386.33
5c.	\$ 1,741,432.77

Fill in this information to identify the case:

Debtor name Bee-Alive, Inc.

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 Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

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

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

Commercial Real Estate/Warehouse

State the term remaining

Bard Rock
c/o HBC Landmark Realty
1-3 Calalry Drive
New City, NY 10956

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Bee-Alive, Inc.United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

 Check if this is an amended filingOfficial 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 Jason Balletta

151 North Rt 9 W, Suite B
Congers, NY 10920

Capital One Bank

D _____

E/F 3.9

G _____

Company Name: Bee Alive, Inc.
Company Address: 151 N. Rt 9W, Congers, New York 10920
Type of Business: Health Food Supplements & Skin Care

Report Date: January 1, 2016 - June 30, 2016

Substitute Schedules I & J

Gross Income

Gross sales	\$ 957,519.00
Other Income:	\$ -

Total Gross Income before Taxes: \$ 957,519.00

Expenses:

Cost of Goods	\$ 172,353.42
Accounting & Legal Fees	\$ 8,877.00
Advertising	\$ -
Insurance	\$ 49,722.00
Maintenance & Repairs	\$ 7,703.00
Supplies	\$ 7,196.83
Payroll Expenses	\$ 394,363.45
Postage	\$ 81,966.15
Rent	\$ 56,986.68
Taxes	\$ -
Computer	\$ 19,421.68
Telephone	\$ 20,060.94
Utilities	\$ 20,752.70
Consultants	\$ 57,245.50
Other	

Total Expenses \$ 896,649.35

Net Income

Net income before Taxes	\$ 60,869.65
Taxes	\$ -

Total NET Income after Taxes \$ 60,869.65

Fill in this information to identify the case:

Debtor name Bee-Alive, Inc.

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

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

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

Part 1: Income

1. Gross revenue from business

None.

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

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2016 to Filing Date

Operating a business

\$957,519.00

Other _____

For prior year:
From 1/01/2015 to 12/31/2015

Operating a business

\$3,486,833.00

Other _____

For year before that:
From 1/01/2014 to 12/31/2014

Operating a business

\$3,357,432.00

Other _____

2. Non-business revenue

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

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

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

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor Bee-Alive, Inc.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Sprout		\$40,014.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

3.2. Core		\$69,996.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
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4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

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

 None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Jason Balletta 151 North Rt 9 W, Suite B Congers, NY 10920 Owner		Unknown	Owner draws/wages
4.2. Lori McGuire 29 Kevin Ct Congers, NY 10920 Shareholder	2015	\$28,846.25	Wages

5. Repossessions, foreclosures, and returns

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

 None

Creditor's name and address	Describe of the Property	Date	Value of property
Chase Auto Finance PO Box 29505 Phoenix, AZ 85038-9505	Cargo Van	1/7/16	\$5,829.84

6. Setoffs

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

 None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

Debtor **Bee-Alive, Inc.**

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

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Wells Fargo Financial v. Bee-Alive, Inc. 034844/2013	CIVIL	Rockland Civil Supreme Court 1 South Main St New City, NY 10956	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Publishing Group of America v. Be-Alive Inc. 034931/2015	CIVIL	Rockland Civil Supreme Court 1 South Main St New City, NY 10956	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

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

None

Part 4: Certain Gifts and Charitable Contributions

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

None

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

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

None

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

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

None.

Debtor

Bee-Alive, Inc.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Vortman & Feinstein 520 Pike Street, Suite 2250 Seattle, WA 98101	Attorney Fees - Special Counsel	August & September 2016	\$7,500.00

Email or website address
feinstein1947@gmail.com

Who made the payment, if not debtor?

11.2. The Law Office of Abe George, PC 44 Wall St, 2nd Floor New York, NY 10005	Attorney Fees - General Counsel	August and September 2016	\$5,000.00
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Email or website address
abe@abegeorge.lawyer

Who made the payment, if not debtor?

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

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

Do not include transfers already listed on this statement.

None.

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

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

None.

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

14. Previous addresses

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

Does not apply

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

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

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

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

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

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

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

 No Go to Part 10. Yes. Fill in below:

Name of plan

John Hancock 401k: "BeeAlive"

Employer identification number of the plan

EIN: **13-3240624**

Has the plan been terminated?

No
 Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

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

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

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. Safe deposit boxes

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

None

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

20. Off-premises storage

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

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

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

None

Owner's name and address	Location of the property	Describe the property	Value
Ilhwa	151 N. Rt 9W, Ste B Congers, NY 10920	Inventory	Unknown
SpaTech	151 N Rt 9W, Ste B Congers, NY 10920	Inventory	Unknown

Part 12: Details About Environment Information

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

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

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

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

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

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

No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

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

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

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

None

Debtor Bee-Alive, Inc.

Case number (if known) _____

Business name address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

Dates business existed**26. Books, records, and financial statements**

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

 None**Name and address****Date of service****From-To****Annually, for 20 years**

26a.1. **Tom Flannery**
Malesard, Quackebush, Swift, & Company
155 N Dean St, Suite 5
Englewood, NJ 07631

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

 None

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

 None**Name and address****If any books of account and records are unavailable, explain why**

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

 None**Name and address****27. Inventories**

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

 No Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

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

Name	Address	Position and nature of any interest	% of interest, if any
Jason Balletta	681 Rolling Wood Way Valley Cottage, NY 10989	Owner and President	94
Lori McGuire	29 Kevin Ct Congers, NY 10920	Owner	6

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

 No Yes. Identify below.

Debtor Bee-Alive, Inc.**30. Payments, distributions, or withdrawals credited or given to insiders**

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

No
 Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Jason Balletta 681 Rolling Wood Way Valley Cottage, NY 10989	Approximately \$150,000	2015	Wages and Draws
	Relationship to debtor Owner and President			
30.2	Lori McGuire 29 Kevin Ct Congers, NY 10920	\$28,846.25	2015	Wages
	Relationship to debtor Shareholder			

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

No
 Yes. Identify below.

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

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

No
 Yes. Identify below.

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

Part 14: Signature and Declaration

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

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

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

Executed on September 30, 2016

/s/ Jason Balletta

Signature of individual signing on behalf of the debtor

Jason Balletta

Printed name

Position or relationship to debtor Owner and President

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

No
 Yes

United States Bankruptcy Court
Southern District of New York

In re Bee-Alive, Inc.

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

FLAT FEE

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

RETAINER

For legal services, I have agreed to accept and received a retainer of	\$
The undersigned shall bill against the retainer at an hourly rate of	\$
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.	5,000.00
	400.00

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. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions

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

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

In re

Bee-Alive, Inc.

Debtor(s)

Case No.

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

CERTIFICATION

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

September 30, 2016

Date

/s/ Abe George

Abe George 4272258

Signature of Attorney

The Law Offices of Abe George, PC

44 Wall Street, 2nd Floor

New York, NY 10005

(212) 498-9803

abe@abegeorge.lawyer

Name of law firm

United States Bankruptcy Court
Southern District of New York

In re Bee-Alive, Inc.

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

FLAT FEE

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

RETAINER

For legal services, I have agreed to accept and received a retainer of	\$
The undersigned shall bill against the retainer at an hourly rate of	\$
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.	<u>7,500.00</u>
	<u>425.00</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. [Other provisions as needed]

Negotiations with Debtor's creditors, pre-petition legal services regarding bankruptcy petition preparation, post-petition bankruptcy legal services including consultation regarding a Plan of Reorganization, and other miscellaneous legal services as Special Counsel to the Debtor

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

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

In re Bee-Alive, Inc.
Debtor(s)

Case No. _____

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

CERTIFICATION

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

September 30, 2016

Date

/s/ Larry Feinstein

Larry Feinstein 6074

Signature of Attorney

Vortman & Feinstein

520 Pike Street, Suite 2250

Seattle, WA 98101

(206) 223-9595 Fax: (206) 386-5355

feinstein1947@gmail.com

Name of law firm

United States Bankruptcy Court
Southern District of New York

In re **Bee-Alive, Inc.**

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

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

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Jason Balletta 681 Rolling Wood Way Valley Cottage, NY 10989			94% Shareholder
Lori McGuire 29 Kevin Ct Congers, NY 10920			6% Shareholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Owner and President** 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 September 30, 2016

Signature /s/ Jason Balletta
Jason Balletta

*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 Bee-Alive, Inc.

Debtor(s)

Case No.

Chapter 11

VERIFICATION OF CREDITOR MATRIX

I, the Owner and President 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: September 30, 2016

/s/ Jason Balletta

Jason Balletta/Owner and President
Signer>Title

150 115 163 9W, LLC
1-3 CALVARY DR
NEW CITY, NY 10956

AIMEE PERRETTI
25 WILSHIRE DR
CHESTNUT RIDGE, NY 10977

ALEJANDRO GUZMAN
11 CONGERS AVE
HAVERSTRAW, NY 10927

AMERICAN EXPRESS
PO BOX 1270
NEWARK, NJ 07101-1270

ANTHONY BALLETTA

ASIA TV USA LTD
250 W 34TH ST, SUITE 3501
NEW YORK, NY 10119

BANK OF AMERICA
PO BOX 982228
EL PASO, TX 79998

BARD ROCK
C/O HBC LANDMARK REALTY
1-3 CALALRY DRIVE
NEW CITY, NY 10956

BARD ROCK CORP.
1-3 CALVARY DR
NEW CITY, NY 10956

CABLEVISION LIGHTPATH
PO BOX 36011
PITTSBURGH, PA 15251-6111

CABLEVISION/OPTIMUM
PO BOX 371378
PITTSBURGH, PA 15250-7378

CAPITAL ONE BANK
ATTN: GENERAL CORRESPONDENCE
PO BOX 30285
SALT LAKE CITY, UT 84130-0285

CAPSUGEL
535 N. EMERALD RD
GREENWOOD, SC 29646

CHARMAINE WRIGHT
260 MAIN ST
HIGHLAND FALLS, NY 10928

CHASE CARD SERVICES
PO BOX 15298
WILMINGTON, DE 19850

CORE FUNDING

DIRECT ENERGY BUSINESS
PO BOX 70220
PHILADELPHIA, PA 19176-0220

EILEEN FLYNN
249 N MIDDLETOWN RD
APT 11A
NANUET, NY 10954

EMILY CAPUTO
25 WILSHIRE DR.
CHESTNUT RIDGE, NY 10977

ENVIRONETICS
180 SYLVAN AVE
ENGLEWOOD CLIFFS, NJ 07632

ERICA MCGOVERN
80 N GRANT AVE
CONGERS, NY 10920

FEDERAL EXPRESS
PO BOX 371461
PITTSBURGH, PA 15250-7461

GAIL MILLER
531 WASHINGTON AVE
NEWBURGH, NY 12550

GREENSKY
PO BOX 933614
ATLANTA, GA 31193-3614

GUIDEPOSTS
39 OLD RIDGEBURY RD, SUITE 2AB
DANBURY, CT 06810

HEARST MAGAZINES
PO BOX 25883
LEHIGH VALLEY, PA 18002-5883

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY
PO BOX 7346
PHILADELPHIA, PA 19101

JOHN HANCOCK
RETIREMENT PLAN SERVICES
PO BOX 600
BUFFALO, NY 14201

KIMBERLY RUSSO
16 WHITMAN ST
CONGERS, NY 10920

KLM CONTRACTING
110 CENTRAL HWY
STONY POINT, NY 10980

LINDA O'BRIEN
57 GRAYWOOD DR
ORANGEBURG, NY 10962

LORI MCGUIRE
29 KEVIN CT
CONGERS, NY 10920

MAILFINANCE
25881 NETWORK PLACE
CHICAGO, IL 60673-1258

MALESARDI, QUACKENBUSH, SWIFT
& CO.
155 N DEAN ST, STE 5A
ENGLEWOOD, NJ 07631

MANHATTAN ADVERTISING
& MEDIA LAW
237 CALIFORNIA ST
EL SEGUNDO, CA 90245

MARISA SCIARRETTA
8 KINGS CT
VALLEY COTTAGE, NY 10989

MARY ANN TOTERO
98 LAKEWOOD DR
CONGERS, NY 10920

MATTHEW AVERINOS
29 KEVIN CT
CONGERS, NY 10920

MIBAR.NET
1412 BROADWAY, SUITE 410
NEW YORK, NY 10018

MICHELLE VERDEROSA
9 LOUISE DR
WEST NYACK, NY 10994

MULTI PACKAGING
ATTN: LEGAL CORRESPONDENCE
150 E 52ND ST, 28TH FLOOR
NEW YORK, NY 10022

NELLIE SANTIAGO
137 1ST AVE
NYACK, NY 10960

NEOPOST USA INC
25880 NETWORK PLACE
CHICAGO, IL 60673-1258

NEW VISION TECHNOLOGIES
99 MAIN ST
NYACK, NY 10960

NUGENT BROTHERS, INC.
107 LAKE RD
VALLEY COTTAGE, NY 10989

NYS DEPT OF TAXATION & FINANCE
BANKRUPTCY SECTION
PO BOX 5300
ALBANY, NY 12205-0300

NYS WORKERS COMPENSATION BOARD
CENTRALIZED MAILING ADDRESS
PO BOX 5205
BINGHAMTON, NY 13902

O.BERK COMPANY
300 CALLEGARI ST
WEST HAVEN, CT 06516

PATRICIA SCHMIDT
168-5 N RT. 303
CONGERS, NY 10920

PAUL TILLINGHAST
231 W 29TH ST, STE 701
NEW YORK, NY 10001

PAULA VANHOUTEN
4 NEW LAKE RD
VALLEY COTTAGE, NY 10989

PUBLISHING GROUP OF AMERICA
PO BOX 1002206
ATLANTA, GA 30368-2206

RICHARD STEPENSON
153 VAN WYCK RD
BLAUVELT, NY 10913

ROBERT HALF
PO BOX 60000
SAN FRANCISCO, CA 94160-3484

ROSE BALLETTA
681 ROLLING WOOD WAY
VALLEY COTTAGE, NY 10989

SCHUCK MOVING SYSTEMS CORP.
43 LAKE RD
VALLEY COTTAGE, NY 10989

SHERYL TAFFW
14 EASTLYN ST
BARDONIA, NY 10954

SHOREWOOD PACKAGING
2220 MIDLAND AVE
50 ADMINISTRATION ISLE
TORONTO, ONTARIO M1P3E6

SPROUT
1111 BROADHOLLOW RD
FARMINGDALE, NY 11735

THE LAW OFFICE OF HOLLY BAYNE
10000 VALLEY CREEK LANE
VIENNA, VA 22182

TOTALFUNDS BY HASLER
PO BOX 30193
TAMPA, FL 33630-3193

UPS
PO BOX 7247-0244
PHILADELPHIA, PA 19170-0001

UPS CUST TECH PROGRAM
PO BOX 7247-0244
PHILADELPHIA, PA 19170-0001

URQUHART-DYKES

USS CORPORATION
780 FRELINHUYSEN AVE
NEWARK, NJ 07114

VENABLE, BAETJER, AND HOWARD
PO BOX 62727
BALTIMORE, MD 21264-2727

VERIZON WIRELESS
BANKRUPTCY ADMINISTRATION
500 TECHNOLOGY DR., SUITE 550
SAINT CHARLES, MO 63304

VICTORIA KIERNAN
928 MICA CT
VALLEY COTTAGE, NY 10989

WELLS FARGO
PO BOX 6434
CAROL STREAM, IL 60197-6434

ZAROUHI KOROZMAN
370 KINGS HWY
VALLEY COTTAGE, NY 10989

United States Bankruptcy Court
Southern District of New York

In re **Bee-Alive, Inc.**

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 Bee-Alive, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [Check if applicable]

September 30, 2016

Date

/s/ Abraham M. George

Abraham M. George 4272258

Signature of Attorney or Litigant
Counsel for Bee-Alive, Inc.

The Law Office of Abe George
44 Wall Street, 2nd Floor
New York, NY 10005
(212) 498-9803
abe@abegeorge.lawyer