

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF PUERTO RICO

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 CUSTOMED, INC.

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

3. Debtor's federal Employer Identification Number (EIN) 66-0460972

4. Debtor's address Principal place of business

CARR #3 KM 45.6
CALLE INDUSTRIAL FINAL
Fajardo, PR 00738
Number, Street, City, State & ZIP Code

Fajardo
County

Mailing address, if different from principal place of business

PO BOX 7699
Carolina, PR 00986

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

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

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

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

Debtor CUSTOMED, INC.
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

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

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

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 **CUSTOMED, 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
☐ 50-99
☒ 100-199
☐ 200-999

- ☐ 1,000-5,000
☐ 5001-10,000
☐ 10,001-25,000

- ☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

15. Estimated Assets

- ☐ \$0 - \$50,000
☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million

- ☐ \$1,000,001 - \$10 million
☒ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million

- ☐ \$500,000,001 - \$1 billion
☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

16. Estimated liabilities

- ☐ \$0 - \$50,000
☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million

- ☐ \$1,000,001 - \$10 million
☒ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million

- ☐ \$500,000,001 - \$1 billion
☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

Debtor CUSTOMED, 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 02/26/2019
MM / DD / YYYY

X

FELIX B. SANTOS
Signature of authorized representative of debtor

FELIX B. SANTOS

Printed name

Title PRESIDENT

18. Signature of attorney

X

ALEXIS FUENTES-HERNANDEZ
Signature of attorney for debtor

Date 2/26/19

MM / DD / YYYY

ALEXIS FUENTES-HERNANDEZ
Printed name

FUENTES LAW OFFICES
Firm name

PO BOX 90227266
San Juan, PR 00902-2726
Number, Street, City, State & ZIP Code

Contact phone 787-722-5215

Email address ALEX@FUENTESLAW.COM

USDC-PR 217201 PR
Bar number and State

Fill in this information to identify the case:

Debtor name **CUSTOMED, INC.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

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

02/26/2019

X

Signature of individual signing on behalf of debtor

FELIX B. SANTOS

Printed name

PRESIDENT

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **CUSTOMED, INC.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

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.

2.1 BANCO SANTANDER DE PR

Creditor's Name
**PONCE DE LEON AVENUE
FLOOR 7
San Juan, PR 00917-1818**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

SECURED BY UCC FILINGS OVER INVENTORIES AND ACCOUNTS RECEIVABLES

Describe the lien

CO-DEBTOR IN AFFILIATED ENTITY BANK LOANS

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

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

As of the petition filing date, the claim is:

- Check all that apply
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Column A

Amount of claim

Do not deduct the value of collateral.

\$24,793,912.51

Column B

Value of collateral that supports this claim

\$24,793,912.51

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

\$24,793,912.51

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 **CUSTOMED, INC.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

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

2.1 Priority creditor's name and mailing address

**DEPARTMENT OF TREASURY
(INCOME TAX)
PO BOX 9024140
OFFICE 424B
San Juan, PR 00902-4140**

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)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

NOTICE ONLY

Is the claim subject to offset?

☒ No

☐ Yes

Total claim

Priority amount

\$0.00

\$0.00

2.2 Priority creditor's name and mailing address

**DEPARTMENT OF TREASURY
(IVU)
PO BOX 9024140
OFFICE 424B
San Juan, PR 00902-4140**

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)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

NOTICE ONLY

Is the claim subject to offset?

☒ No

☐ Yes

\$0.00

\$0.00

Debtor **CUSTOMED, INC.**
Name

Case number (if known)

2.3 Priority creditor's name and mailing address
INTERNAL REVENUE SERVICE
PO BOX 7346
Philadelphia, PA 19101-7346

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

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:
NOTICE ONLY

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.4 Priority creditor's name and mailing address
MUNICIPAL REVENUE
COLLECTION CENTER
PO BOX 196387
San Juan, PR 00919-5387

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

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:
NOTICE ONLY

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.5 Priority creditor's name and mailing address
MUNICIPIO DE FAJARDO
APARTADO 865
PO BOX 7348
Fajardo, PR 00738

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

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:
NOTICE ONLY

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

2.6 Priority creditor's name and mailing address
PR DEPARMENT OF LABOR
PO BOX 195540
San Juan, PR 00919-5540

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

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:
NOTICE ONLY

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

Debtor **CUSTOMED, INC.**
Name

Case number (if known)

2.7 Priority creditor's name and mailing address
STATE INSURANCE FUND CORPORATION
PO BOX 365028
San Juan, PR 00936-5028

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

\$0.00 \$0.00

Date or dates debt was incurred

Basis for the claim:
NOTICE ONLY

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

Amount of claim

3.1 Nonpriority creditor's name and mailing address
3M DE PR, INC.
PO BOX 70286
San Juan, PR 00936
Date(s) debt was incurred
Last 4 digits of account number

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

\$10,749.70

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address
A PLUS CHINO, CA
6138 EUCALYPTUS AVENUE
Chino, CA 91710
Date(s) debt was incurred
Last 4 digits of account number

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

\$20,076.11

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address
A.A.A.
PO BOC 756
Fajardo, PR 00738-0756
Date(s) debt was incurred
Last 4 digits of account number

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

\$1,294.07

Basis for the claim: **UTILITIES - WATER**

Is the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address
A.E.E.
PO BOX 363508
San Juan, PR 00936-3508
Date(s) debt was incurred
Last 4 digits of account number

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

\$21,752.89

Basis for the claim: **UTILITIES - ELECTRICITY**

Is the claim subject to offset? ☒ No ☐ Yes

3.5 Nonpriority creditor's name and mailing address
A.E.E.
PO BOC 360002
San Juan, PR 00936-0002
Date(s) debt was incurred
Last 4 digits of account number

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

\$39,838.29

Basis for the claim: **UTILITIES - ELECTRICITY**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **CUSTOMED, INC.**
Name

Case number (if known)

3.6	Nonpriority creditor's name and mailing address ADP, LLC PO BOX 842875 00284-2875 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PAYROLL PROCESSING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$773.96
3.7	Nonpriority creditor's name and mailing address ADVANCED FIRE PROTECTION PO BOX 3971 Carolina, PR 00984-3971 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MAINTENANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$499.20
3.8	Nonpriority creditor's name and mailing address ADVANCED MEDICAL TECHNOLOGY PO BOX 11023 San Juan, PR 00910 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,600.00
3.9	Nonpriority creditor's name and mailing address ANSELL HEALTHCARE PRODUCTS DEPT HC17373 Palatine, IL 60055-7370 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,480.00
3.10	Nonpriority creditor's name and mailing address ANSELL HEALTHCARE PRODUCTS DEPT CH 17373 Palatine, IL 60055-7373 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,700.00
3.11	Nonpriority creditor's name and mailing address AQUA-GULF TRANSPORT, INC UNICA BUILDING CALLE ALDEA #1258 SUITE 300 San Juan, PR 00907-2308 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FREIGHT SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,148.38
3.12	Nonpriority creditor's name and mailing address ARC SPECIALTY PRODUCTS DIV OF BALCHEM CORPORATION PO BOX 418754 Boston, MA 02241-8754 Date(s) debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,970.40

Debtor **CUSTOMED, INC.**
Name

Case number (if known)

3.13	Nonpriority creditor's name and mailing address ARGON MEDICAL DEVICES, INC PO BOX 877482 Dallas, TX 76267-7482 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,062.72
3.14	Nonpriority creditor's name and mailing address BAXTER PO BOX 360002 San Juan, PR 00936-0020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,756.37
3.15	Nonpriority creditor's name and mailing address BIOTEKNICA ENGINEERING AND 2100 PONCE DE LEON BLVD. SUITE 1070 Miami, FL 33134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,506.25
3.16	Nonpriority creditor's name and mailing address CADILLAC UNIFORM & LINEN IND. MINILLAS 221 AVE. LAUREL Bayamon, PR 00959-1908 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UNIFORMS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,905.00
3.17	Nonpriority creditor's name and mailing address CARIBE INDUSTRIAL SYSTEMS PO BOX 60980 Bayamon, PR 00960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,394.00
3.18	Nonpriority creditor's name and mailing address CARIBE RECYCLING CORP PMB 20 HC-01 BOX 29030 Caguas, PR 00725-8900 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>GARBAGE DISPOSAL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,791.04
3.19	Nonpriority creditor's name and mailing address CLEAN HARBORS CARIBE, INC PO BOX 70110 San Juan, PR 00936-8110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,124.81

Debtor **CUSTOMED, INC.**
Name

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3.20	Nonpriority creditor's name and mailing address CONMED CORPORATION CHURCH STREET STATION PO BOX 6814 New York, NY 10249-6814 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$441.00
3.21	Nonpriority creditor's name and mailing address CONSOLIDATED WASTE SERVICES PO BOX 366518 San Juan, PR 00936 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GARBAGE DISPOSAL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$111.22
3.22	Nonpriority creditor's name and mailing address CONSULTING AND TECHNICAL 40 MYLES STANDISH BOULEVARD Taunton, MA 02780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$900.00
3.23	Nonpriority creditor's name and mailing address DDL, INC 1020 VALLEY VIEW ROAD SUITE 101 Eden Prairie, MN 55344-3754 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,619.50
3.24	Nonpriority creditor's name and mailing address E.C. WASTE, INC PO BOX 71561 San Juan, PR 00936-8661 Date(s) debt was incurred ____ Last 4 digits of account number <u>1744</u>	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 Basis for the claim: GARBAGE DISPOSAL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,843.81
3.25	Nonpriority creditor's name and mailing address ECU WORLDWIDE 2401 N.W. 69TH STREET Miami, FL 33147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,060.00
3.26	Nonpriority creditor's name and mailing address EXACT MEDICAL 5165 BROADWAY #116 Depew, NY 14043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97,467.90

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3.27	Nonpriority creditor's name and mailing address FEDERAL EXPRESS CORPORATION 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: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: FREIGHT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,079.41
3.28	Nonpriority creditor's name and mailing address FLEXIBLE PACKAGING GO, INC. PO BOX 4321 BAYAMON GARDEN STATION Bayamon, PR 00958-1321 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$890.12
3.29	Nonpriority creditor's name and mailing address FRATICELLI TRUCKING CO, INC FIRM DELIVERY629 CARR 385 Penuelas, PR 00624-7507 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TRUCK LEASING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,536.00
3.30	Nonpriority creditor's name and mailing address GEA FOOD SOLUTIONS PO BOX 5155 Carol Stream, IL 60197-5155 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORIES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,082.91
3.31	Nonpriority creditor's name and mailing address GLOBAL HEALTHCARE 11350 OLD ROSWELL ROAD SUITE 700 Alpharetta, GA 30009 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$326,370.90
3.32	Nonpriority creditor's name and mailing address GMAX INDUSTRIES 2150 JOSHUA'S PATH #205 Hauppauge, NY 11788 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$318,796.50
3.33	Nonpriority creditor's name and mailing address HALYARD SALES, LLC PO BOX 732583 Dallas, TX 75373-2583 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,351.45

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3.34 Nonpriority creditor's name and mailing address

**IMPRENTA SIFRE
CALLE UNION #55
Fajardo, PR 00738**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **OFFICE SUPPLIES**

Is the claim subject to offset? ☒ No ☐ Yes

\$2,182.00

3.35 Nonpriority creditor's name and mailing address

**INDUSTRIAL WATER SERVICES
PO BOX 31102
San Juan, PR 00929-2102**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **WATER SERVICES**

Is the claim subject to offset? ☒ No ☐ Yes

\$1,000.00

3.36 Nonpriority creditor's name and mailing address

**INSTITUTO INTERNACIONAL
PO BOX 3047
Carolina, PR 00986**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **SERVICES**

Is the claim subject to offset? ☒ No ☐ Yes

\$140.00

3.37 Nonpriority creditor's name and mailing address

**INTCO MEDICAL INDUSTRIES
805 BARRINGTON AVE
Ontario, CA 91764**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

\$38,193.06

3.38 Nonpriority creditor's name and mailing address

**J & M DEPOT, INC
PO BOX 29427
San Juan, PR 00929-9427**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

\$3,808.20

3.39 Nonpriority creditor's name and mailing address

**JOHNSON & JOHNSON MEDICAL
475 CALLE C SUITE 200
Guaynabo, PR 00969**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

\$459,319.49

3.40 Nonpriority creditor's name and mailing address

**LABEL MASTERS
CALLE JASPER V-11
PARK GARDEN
00926**

Date(s) debt was incurred _____

Last 4 digits of account number _____

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

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **INVENTORY**

Is the claim subject to offset? ☒ No ☐ Yes

\$1,739.00

Debtor CUSTOMED, INC.
Name

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3.41	Nonpriority creditor's name and mailing address LIFT TRUCKS & PARTS, INC PO BOX 6779 Caguas, PR 00726 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TRUCK RENTAL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,546.01
3.42	Nonpriority creditor's name and mailing address MC MASTER CARR PO BOX 7690 Chicago, IL 60680-7690 Date(s) debt was incurred _____ Last 4 digits of account number <u>8800</u>	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 Basis for the claim: <u>INVENTORIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,745.84
3.43	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES, INC DEPT. CH 14400 Palatine, IL 60055-4400 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,789.44
3.44	Nonpriority creditor's name and mailing address MEDTRONIC PR OPERATIONS PO BOX 71416 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,811.13
3.45	Nonpriority creditor's name and mailing address MERIT MEDICAL SYSTEMS, INC PO BOX 204842 Dallas, TX 75320-4842 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,900.00
3.46	Nonpriority creditor's name and mailing address MICROTEK MEDICAL, INC FILE 4033P PO BOX 911633 Dallas, TX 75391-1633 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,447.00
3.47	Nonpriority creditor's name and mailing address NOVOSCI DEPT. 261 PO BOX 4248 Houston, TX 77210-4248 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,242.56

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3.48	Nonpriority creditor's name and mailing address NURSE ASSIST, INC PO BOX 961013 Fort Worth, TX 76161-0013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,828.10
3.49	Nonpriority creditor's name and mailing address OFFICE-IT PMB 245 SUITE 102 405 AVE. ESMERALDA Guaynabo, PR 00969 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>OFFICE SUPPLIES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$212.63
3.50	Nonpriority creditor's name and mailing address PACE ANALYTICAL SERVICES PO BOX 684056 Chicago, IL 60696-4056 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$592.80
3.51	Nonpriority creditor's name and mailing address PRAXAIR PUERTO RICO BV PO BOX 307 Gurabo, PR 00778-0307 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,317.67
3.52	Nonpriority creditor's name and mailing address PRECISION DYNAMICS CORP PO BOX 71549 Chicago, IL 60694-1995 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,434.00
3.53	Nonpriority creditor's name and mailing address PRIMED MEDICAL PRODUCTS #2 RENDEVOUZ RD WORTHING CHRIST CHURCH, BB Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116,200.50
3.54	Nonpriority creditor's name and mailing address QUALITY WATER SERVICE PO BOX 9020096 San Juan, PR 00902-0096 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>WATER SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$316.16

Debtor **CUSTOMED, INC.**

Case number (if known)

3.55	Nonpriority creditor's name and mailing address RCM TECHNOLOGIES PO BOX 536342 Pittsburgh, PA 15253-5905 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,355.25
3.56	Nonpriority creditor's name and mailing address REBEXA GROUP, INC. PMB 433 PO BOX 5103 Cabo Rojo, PR 00623 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,411.01
3.57	Nonpriority creditor's name and mailing address RIMACO, INC. PO BOX 8896 FERNANDEZ JUNCOS STATION San Juan, PR 00910-8896 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,684.25
3.58	Nonpriority creditor's name and mailing address RPM CONSOLIDATE SERVICES 1901 RAYMER AVENUE Fullerton, CA 92833 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,169.68
3.59	Nonpriority creditor's name and mailing address SACHS PLASTICS DIVISION PO BOX 191670 San Juan, PR 00919-1670 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,692.80
3.60	Nonpriority creditor's name and mailing address SMART EAGLE INTL LTD LEVEL 43, AIA TOWER 183 ELECTRIC ROAD NORTH POINT, HK Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$285,154.10
3.61	Nonpriority creditor's name and mailing address SMART SECURITY SERVICES PO BOX 50986 LEVITTOWN STATION Toa Baja, PR 00950-0986 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SECURITY SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.00

Debtor **CUSTOMED, INC.**

Case number (if known)

3.62	Nonpriority creditor's name and mailing address SMART SECURITY SERVICES PO BOX 2110 Bayamon, PR 00960 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SECURITY SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$982.80
3.63	Nonpriority creditor's name and mailing address STAR DISTRIBUTION SYSTEMS 2302 HENDERSON WAY Plant City, FL 33563 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,185.82
3.64	Nonpriority creditor's name and mailing address STERICYCLE, INC PO BOX 6582 Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,125.79
3.65	Nonpriority creditor's name and mailing address STERIS CORPORATION PO BOX 644063 Pittsburgh, PA 15264-4063 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,986.64
3.66	Nonpriority creditor's name and mailing address SUAREZ GAS INC PO BOX 1227 Fajardo, PR 00738-1227 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: GAS SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$270.00
3.67	Nonpriority creditor's name and mailing address SURGICAL SPECIALTIES PO BOX 419407 Boston, MA 02241-9407 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INVENTORY Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123.60
3.68	Nonpriority creditor's name and mailing address TOSHIBA BUSINESS SOLUTIONS PO BOX 70243 San Juan, PR 00936-8243 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: SERVICES Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,107.36

Debtor **CUSTOMED, INC.**
Name

Case number (if known)

3.69	Nonpriority creditor's name and mailing address TRIPLE S-SALUD PO BOX 71548 San Juan, PR 00936-8648 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>HEALTH INSURANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,317.00
3.70	Nonpriority creditor's name and mailing address UNITED PARCEL SERVICE PO BOX 71594 San Juan, PR 00936-8694 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FREIGHT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.20
3.71	Nonpriority creditor's name and mailing address UNIVERSAL CARE CORPORATION PO BOX 1051 Sabana Seca, PR 00952-1051 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,835.40
3.72	Nonpriority creditor's name and mailing address VISCOT MEDICAL LLC PO BOX 351 East Hanover, NJ 07936 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.00
3.73	Nonpriority creditor's name and mailing address WESTBOND INDUSTRIES INC 101-7403 PROGRESS WAY DELTA, CA Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,363.77
3.74	Nonpriority creditor's name and mailing address WESTMED INC DEPARTMENT #2062 PO BOX 29661 Phoenix, AZ 85038-9661 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,921.32

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.

Total of claim amounts

Debtor CUSTOMED, INC.
Name

Case number (if known) _____

5a. Total claims from Part 1

5a. \$ 0.00

5b. Total claims from Part 2

5b. + \$ 2,201,085.29

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

5c. \$ 2,201,085.29

Fill in this information to identify the case:

Debtor name **CUSTOMED, INC.**

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

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

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A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
A PLUS CHINO, CA 5138 EUCALYPTUS AVENUE Chino, CA 91710		INVENTORY				\$20,076.11
A.E.E. PO BOX 363508 San Juan, PR 00936-3508		UTILITIES - ELECTRICITY				\$21,752.89
A.E.E. PO BOX 360002 San Juan, PR 00936-0002		UTILITIES - ELECTRICITY				\$39,838.29
ANSELL HEALTHCARE PRODUCTS DEPT HC17373 Palatine, IL 60055-7370		INVENTORY				\$30,480.00
ANSELL HEALTHCARE PRODUCTS DEPT CH 17373 Palatine, IL 60055-7373		INVENTORY				\$26,700.00
ARGON MEDICAL DEVICES, INC PO BOX 677482 Dallas, TX 75267-7482		INVENTORY				\$25,062.72
ECU WORLDWIDE 2401 N.W. 69TH STREET Miami, FL 33147		INVENTORY				\$41,050.00
EXACT MEDICAL 5165 BROADWAY #116 Depew, NY 14043		INVENTORY				\$97,467.90

Debtor **CUSTOMED, INC.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
GLOBAL HEALTHCARE 11350 OLD ROSWELL ROAD SUITE 700 Alpharetta, GA 30009		INVENTORY				\$326,370.90
GMAX INDUSTRIES 2150 JOSHUA'S PATH #205 Hauppauge, NY 11788		INVENTORY				\$318,796.50
HALYARD SALES, LLC PO BOX 732583 Dallas, TX 75373-2583		INVENTORY				\$20,351.45
INTCO MEDICAL INDUSTRIES 805 BARRINGTON AVE Ontario, CA 91764		INVENTORY				\$38,193.06
JOHNSON & JOHNSON MEDICAL 475 CALLE C SUITE 200 Guaynabo, PR 00969		INVENTORY				\$459,319.49
MEDLINE INDUSTRIES, INC DEPT. CH 14400 Palatine, IL 60055-4400		INVENTORY				\$18,789.44
MICROTEK MEDICAL, INC FILE 4033P PO BOX 911633 Dallas, TX 75391-1633		INVENTORY				\$22,447.00
PRIMED MEDICAL PRODUCTS #2 RENDEVOUZ RD WORTHING CHRIST CHURCH, BB		INVENTORY				\$116,200.50
RPM CONSOLIDATE SERVICES 1901 RAYMER AVENUE Fullerton, CA 92833		SERVICES				\$21,169.68

Debtor **CUSTOMED, INC.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim: If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
SMART EAGLE INTL LTD LEVEL 43, AIA TOWER 183 ELECTRIC ROAD NORTH POINT, HK		INVENTORY				\$285,154.10
WESTBOND INDUSTRIES INC 101-7403 PROGRESS WAY DELTA, CA		INVENTORY				\$28,363.77
WESTMED INC DEPARTMENT #2062 PO BOX 29661 Phoenix, AZ 85038-9661		INVENTORY				\$33,921.32

**United States Bankruptcy Court
District of Puerto Rico**

In re CUSTOMED, INC.

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the 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:

02/26/2019

FELIX B. SANTOS/PRESIDENT
Signer/Title

President

CUSTOMED, INC.
PO BOX 7699
CAROLINA, PR 00986

ADVANCED MEDICAL TECHNOLOGY
PO BOX 11023
SAN JUAN, PR 00910

CADILLAC UNIFORM & LINEN
IND. MINILLAS
221 AVE. LAUREL
BAYAMON, PR 00959-1908

ALEXIS FUENTES-HERNANDEZ
FUENTES LAW OFFICES
PO BOX 90227266
SAN JUAN, PR 00902-2726

ANSELL HEALTHCARE PRODUCTS
DEPT HC17373
PALATINE, IL 60055-7370

CARIBE INDUSTRIAL SYSTEMS
PO BOX 60980
BAYAMON, PR 00960

3M DE PR, INC.
PO BOX 70286
SAN JUAN, PR 00936

ANSELL HEALTHCARE PRODUCTS
DEPT CH 17373
PALATINE, IL 60055-7373

CARIBE RECYCLING CORP
PMB 20 HC-01 BOX 29030
CAGUAS, PR 00725-8900

A PLUS CHINO, CA
5138 EUCALYPTUS AVENUE
CHINO, CA 91710

AQUA-GULF TRANSPORT, INC
UNICA BUILDING
CALLE ALDEA #1258 SUITE 300
SAN JUAN, PR 00907-2308

CLEAN HARBORS CARIBE, INC
PO BOX 70110
SAN JUAN, PR 00936-8110

A.A.A.
PO BOC 756
FAJARDO, PR 00738-0756

ARC SPECIALTY PRODUCTS
DIV OF BALCHEM CORPORATION
PO BOX 418754
BOSTON, MA 02241-8754

CONMED CORPORATION
CHURCH STREET STATION
PO BOX 6814
NEW YORK, NY 10249-6814

A.E.E.
PO BOX 363508
SAN JUAN, PR 00936-3508

ARGON MEDICAL DEVICES, INC
PO BOC 677482
DALLAS, TX 75267-7482

CONSOLIDATED WASTE SERVIC
PO BOX 366518
SAN JUAN, PR 00936

A.E.E.
PO BOC 360002
SAN JUAN, PR 00936-0002

BANCO SANTANDER DE PR
PONCE DE LEON AVENUE
FLOOR 7
SAN JUAN, PR 00917-1818

CONSULTING AND TECHNICAL
40 MYLES STANDISH BOULEVAR
TAUNTON, MA 02780

ADP, LLC
PO BOX 842875
00284-2875

BAXTER
PO BOX 360002
SAN JUAN, PR 00936-0020

DDL, INC
1020 VALLEY VIEW ROAD
SUITE 101
EDEN PRAIRIE, MN 55344-3754

ADVANCED FIRE PROTECTION
PO BOX 3971
CAROLINA, PR 00984-3971

BIOTEKNICA ENGINEERING AND
2100 PONCE DE LEON BLVD.
SUITE 1070
MIAMI, FL 33134

DEPARTMENT OF TREASURY (INTA
PO BOX 9024140
OFFICE 424B
SAN JUAN, PR 00902-4140

DEPARTMENT OF TREASURY (IVU)
PO BOX 9024140
OFFICE 424B
SAN JUAN, PR 00902-4140

GMAX INDUSTRIES
2150 JOSHUA'S PATH #205
HAUPPAUGE, NY 11788

LABEL MASTERS
CALLE JASPER V-11
PARK GARDEN
00926

E.C. WASTE, INC
PO BOX 71561
SAN JUAN, PR 00936-8661

HALYARD SALES, LLC
PO BOX 732583
DALLAS, TX 75373-2583

LIFT TRUCKS & PARTS, INC
PO BOX 6779
CAGUAS, PR 00726

ECU WORLDWIDE
2401 N.W. 69TH STREET
MIAMI, FL 33147

IMPRENTA SIFRE
CALLE UNION #55
FAJARDO, PR 00738

MC MASTER CARR
PO BOX 7690
CHICAGO, IL 60680-7690

EXACT MEDICAL
5165 BROADWAY #116
DEPEW, NY 14043

INDUSTRIAL WATER SERVICES
PO BOX 31102
SAN JUAN, PR 00929-2102

MEDLINE INDUSTRIES, INC
DEPT. CH 14400
PALATINE, IL 60055-4400

FEDERAL EXPRESS CORPORATION
PO BOX 371461
PITTSBURGH, PA 15250-7461

INSTITUTO INTERNACIONAL
PO BOX 3047
CAROLINA, PR 00986

MEDTRONIC PR OPERATIONS
PO BOX 71416
SAN JUAN, PR 00936

FLEXIBLE PACKAGING GO, INC.
PO BOX 4321
BAYAMON GARDEN STATION
BAYAMON, PR 00958-1321

INTCO MEDICAL INDUSTRIES
805 BARRINGTON AVE
ONTARIO, CA 91764

MERIT MEDICAL SYSTEMS, INC
PO BOX 204842
DALLAS, TX 75320-4842

FRATICELLI TRUCKING CO, INC
FIRM DELIVERY529
CARR 385
PENUELAS, PR 00624-7507

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

MICROTEK MEDICAL, INC
FILE 4033P
PO BOX 911633
DALLAS, TX 75391-1633

GEA FOOD SOLUTIONS
PO BOX 5155
CAROL STREAM, IL 60197-5155

J & M DEPOT, INC
PO BOX 29427
SAN JUAN, PR 00929-9427

MUNICIPAL REVENUE COLLECTIC
PO BOX 195387
SAN JUAN, PR 00919-5387

GLOBAL HEALTHCARE
11350 OLD ROSWELL ROAD
SUITE 700
ALPHARETTA, GA 30009

JOHNSON & JOHNSON MEDICAL
475 CALLE C SUITE 200
GUAYNABO, PR 00969

MUNICIPIO DE FAJARDO
APARTADO 865
PO BOX 7346
FAJARDO, PR 00738

NOVOSCI
DEPT. 261
PO BOX 4248
HOUSTON, TX 77210-4248

RCM TECHNOLOGIES
PO BOX 536342
PITTSBURGH, PA 15253-5905

STATE INSURANCE FUND CORP
PO BOX 365028
SAN JUAN, PR 00936-5028

NURSE ASSIST, INC
PO BOX 961013
FORT WORTH, TX 76161-0013

REBEXA GROUP, INC.
PMB 433
PO BOX 5103
CABO ROJO, PR 00623

STERICYCLE, INC
PO BOX 6582
CAROL STREAM, IL 60197

OFFICE-IT
PMB 245 SUITE 102
405 AVE. ESMERALDA
GUAYNABO, PR 00969

RIMACO, INC.
PO BOX 8895
FERNANDEZ JUNCOS STATION
SAN JUAN, PR 00910-8895

STERIS CORPORATION
PO BOX 644063
PITTSBURGH, PA 15264-4063

PACE ANALYTICAL SERVICES
PO BOX 684056
CHICAGO, IL 60695-4056

RPM CONSOLIDATE SERVICES
1901 RAYMER AVENUE
FULLERTON, CA 92833

SUAREZ GAS INC
PO BOX 1227
FAJARDO, PR 00738-1227

PR DEPARMENT OF LABOR
PO BOX 195540
SAN JUAN, PR 00919-5540

SACHS PLASTICS DIVISION
PO BOX 191670
SAN JUAN, PR 00919-1670

SURGICAL SPECIALTIES
PO BOX 419407
BOSTON, MA 02241-9407

PRAXAIR PUERTO RICO BV
PO BOX 307
GURABO, PR 00778-0307

SMART EAGLE INTL LTD
LEVEL 43, AIA TOWER
183 ELECTRIC ROAD
NORTH POINT, HK

TOSHIBA BUSINESS SOLUTIONS
PO BOX 70243
SAN JUAN, PR 00936-8243

PRECISION DYNAMICS CORP
PO BOX 71549
CHICAGO, IL 60694-1995

SMART SECURITY SERVICES
PO BOX 50986
LEVITTOWN STATION
TOA BAJA, PR 00950-0986

TRIPLE S-SALUD
PO BOX 71548
SAN JUAN, PR 00936-8648

PRIMED MEDICAL PRODUCTS
#2 RENDEVOUZ RD
WORTHING
CHRIST CHURCH, BB

SMART SECURITY SERVICES
PO BOX 2110
BAYAMON, PR 00960

UNITED PARCEL SERVICE
PO BOX 71594
SAN JUAN, PR 00936-8694

QUALITY WATER SERVICE
PO BOX 9020096
SAN JUAN, PR 00902-0096

STAR DISTRIBUTION SYSTEMS
2302 HENDERSON WAY
PLANT CITY, FL 33563

UNIVERSAL CARE CORPORATIO
PO BOX 1051
SABANA SECA, PR 00952-1051

VISCOT MEDICAL LLC
PO BOX 351
EAST HANOVER, NJ 07936

WESTBOND INDUSTRIES INC
101-7403 PROGRESS WAY
DELTA, CA

WESTMED INC
DEPARTMENT #2062
PO BOX 29661
PHOENIX, AZ 85038-9661