

Fill in this information to identify the case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF TEXAS

Case number (if known): _____ Chapter 11

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

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

1. Debtor's name Innovative Machining Solutions, LLC

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

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) ██-██-██-██-██-██-3395

4. Debtor's address

	Principal place of business	Mailing address, if different from principal place of business
--	------------------------------------	---

1544 Jefferson Chemical Road
Number Street

Number Street

P.O. Box

Conroe TX 77306
City State ZIP Code

City State ZIP Code

Montgomery
County

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 **Innovative Machining Solutions, LLC**

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.naics.com/search/>

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

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

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

Chapter 12

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

No

Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

Debtor **Innovative Machining Solutions, LLC** Case number (if known) _____

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

No

Yes. Debtor _____ Relationship _____
 District _____ When _____
 Case number, if known _____ MM / DD / YYYY

Debtor _____ Relationship _____
 District _____ When _____
 Case number, if known _____ MM / DD / YYYY

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

11. Why is the case filed in this district?

Check all that apply:

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

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

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

No

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

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

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

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

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

Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

Funds will be available for distribution to unsecured creditors.

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

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

- | | | | |
|-----------------------------------|---|--|--|
| 14. Estimated number of creditors | <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| | <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| | <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| | <input type="checkbox"/> 200-999 | | |
| 15. Estimated assets | <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| | <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| | <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| | <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
| 16. Estimated liabilities | <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| | <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| | <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| | <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part X 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

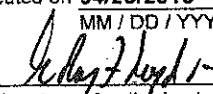
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

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.

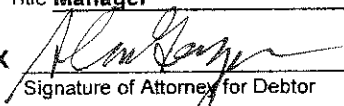
I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/25/2016
MM / DD / YYYY

X  Ilo Floyd
Signature of authorized representative of debtor Printed name

Title Manager

18. Signature of attorney

X  Date 04/25/2016
Signature of Attorney for Debtor MM / DD / YYYY

Alan S. Gerger
Printed name

Dunn, Neal & Gerger, L.L.P.
Firm Name

3006 Brazos Street
Number Street

Houston TX 77006
City State ZIP Code

Contact phone (713) 403-7400 Email address asgerger@dnglegal.com

07816350 TX
Bar number State

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

In re: INNOVATIVE MACHINING SOLUTIONS INC.

EXHIBIT "A" TO VOLUNTARY PETITION

Attached hereto, pursuant to 11 U.S.C. §1121, are the following:

- Exhibit I: Balance Sheet,
- Exhibit II: Statement of Operations,
- Exhibit III: Cash Flow Statement and
- Exhibit IV: Most recently filed federal income tax return.

DISCLAIMER: Shortly before July 9, 2015, Kandle Oilfield Products, Inc. and those acting in concert with it improperly obtained possession of Innovative's business records and computers. Some, but not all, were returned. However, all of the business records were not returned and the computers and information on them was damaged. For this reason, the attached Exhibits and the forthcoming Schedules and Statement of Financial Affairs may not be entirely accurate. However, Innovative attempted to provide accurate Exhibits attached hereto and accurate Schedules and Statement of Financial Affairs.

INNOVATIVE MACHINING SOLUTIONS, LLC	
Balance Sheet	
As of April 22, 2016	
	Total
ASSETS	
Current Assets	
Bank Accounts	
Community Checking	17,807.00
Total Bank Accounts	\$ 17,807.00
Accounts Receivable	
Accounts Receivable (A/R)	19,361.50
Total Accounts Receivable	\$ 19,361.50
Other current assets	
Inventory Asset	2,100.00
Total Other current assets	\$ 2,100.00
Total Current Assets	\$ 39,268.50
Fixed Assets	
Accumulated Depreciation	-11,330.71
Machinery & Equipment	79,315.00
Total Fixed Assets	\$ 67,984.29
TOTAL ASSETS	\$ 107,252.79
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	249,813.36
Total Accounts Payable	\$ 249,813.36
Other Current Liabilities	
Loan Payable - Kandle	
Payroll Liabilities	
Federal Taxes (941/944)	20,731.80
Federal Unemployment (940)	183.45
TX Unemployment Tax	3,786.64
Total Payroll Liabilities	\$ 24,701.89
Sales tax payable	0.00
Total Other Current Liabilities	\$ 24,701.89
Total Current Liabilities	\$ 274,515.25
Total Liabilities	\$ 274,515.25
Equity	
Retained Earnings	-138,725.57
Net Income	-28,536.89
Total Equity	\$ (167,262.46)
TOTAL LIABILITIES AND EQUITY	\$ 107,252.79

Exhibit I

Unaudited - For Management Purposes Only

INNOVATIVE MACHINING SOLUTIONS, LLC		
Profit and Loss		
January 1 - April 22, 2016		
	Total	
Income		
Sales		129,415.99
Total Income	\$	129,415.99
Cost of Goods Sold		
Materials & Supplies		26,589.56
Total Cost of Goods Sold	\$	26,589.56
Gross Profit	\$	102,826.43
Expenses		
Bank Charges		274.00
Dues & Subscriptions		375.00
Freight & Delivery		460.00
Job Materials		8,457.43
Insurance		6,794.48
Meals and Entertainment		281.33
Office Expenses		1,798.00
Payroll Expenses		78,596.64
Reimbursements		148.90
Rent or Lease		16,000.00
Repair & Maintenance		750.00
Shop Supplies		1,485.27
Taxes, Payroll		5,973.34
Tools		279.93
Travel		1,543.35
Utilities		8,145.65
Total Expenses	\$	131,363.32
Net Income	\$	(28,536.89)

EXHIBIT II

INNOVATIVE MACHINING SOLUTIONS, LLC**Statement of Cash Flows**

January 1 - April 22, 2016

	Total
OPERATING ACTIVITIES	
Net Income	-28,536.89
Adjustments to reconcile Net Income to Net Cash provided by operations:	
Accounts Receivable (A/R)	112,054.00
Accounts Payable	-83,837.96
Accumulated Depreciaton	-11,330.71
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	-
Net cash provided by operating activities	\$ -11,651.56
FINANCING ACTIVITIES	0.00
INVESTING ACTIVITIES	0.00
Net cash increase for period	\$ -11,651.56
Cash at beginning of period	29,458.56
Cash at end of period	\$ 17,807.00

EXHIBIT III

Unaudited - For Management Purposes Only

Form **1040** Department of the Treasury — Internal Revenue Service (99) **U.S. Individual Income Tax Return 2013** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2013, or other tax year beginning _____, 2013, ending _____, 20

Your first name and initial: **ILO R FLOYD** Last name: _____

If a joint return, spouse's first name and initial: **DONNA L BLACKBURN** Last name: _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apartment no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **HOUSTON, TX 77065**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

See separate instructions.
Your social security number: _____
Spouse's social security number: _____

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above & full name here.

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax or (see instrs)	Boxes checked on 6a and 6b 2 No. of children on 6c who: • lived with you. • did not live with you due to divorce or separation (see instrs). Dependents on 6c not entered above Add numbers on lines above 2
(1) First name	Last name				

If more than four dependents, see instructions and check here

d Total number of exemptions claimed. 2

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	32,723.
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	81,200.
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions 15a	b Taxable amount	15b
16a Pensions and annuities 16a	b Taxable amount	16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits 20a	b Taxable amount	20b
21 Other income	21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income.	22	113,923.

Adjusted Gross Income

23 Educator expenses	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 Deductible part of self-employment tax. Attach Schedule SE	27	5,737.
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	2,175.
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction	32	
33 Student loan interest deduction	33	
34 Tuition and fees. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	4,278.
36 Add lines 23 through 35	36	12,190.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	101,733.

Form 1040 (2013)

ILO R FLOYD AND DONNA L BLACKBURN

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	101,733.
39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked, ▶ 39a	Check <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind.	39a	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b	39b	
Standard Deduction for -	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,200.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 from line 38	41	89,533.
• All others: Single or Married filing separately, \$6,100	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instrs	42	7,800.
Married filing jointly or Qualifying widow(er), \$12,200	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	81,733.
Head of household, \$8,950	44	Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972.	44	12,289.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
	46	Add lines 44 and 45	46	12,289.
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child and dependent care expenses. Attach Form 2441	48	
	49	Education credits from Form 8863, line 19	49	
	50	Retirement savings contributions credit. Attach Form 8880	50	
	51	Child tax credit. Attach Schedule 8812, if required	51	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	12,289.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	11,473.
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a	Household employment taxes from Schedule H	59a	
	59b	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	60	
	61	Add lines 55-60. This is your total tax	61	23,762.
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62	3,548.
If you have a qualifying child, attach Schedule EIC.	63	2013 estimated tax payments and amount applied from 2012 return	63	1,336.
	64a	Earned income credit (EIC)	64a	
	64b	b Nontaxable combat pay election	64b	
	65	Additional child tax credit. Attach Schedule 8812	65	
	66	American opportunity credit from Form 8863, line 8	66	
	67	Reserved	67	
	68	Amount paid with request for extension to file	68	5,000.
	69	Excess social security and tier 1 RRTA tax withheld	69	
	70	Credit for federal tax on fuels. Attach Form 4136	70	
	71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
	72	Add lns 62, 63, 64a, & 65-71. These are your total pmts	72	9,884.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>	74a	
		▶ b Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.		▶ d Account number <input type="text"/>		
	75	Amount of line 73 you want applied to your 2014 estimated tax	75	
	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	14,194.
Amount You Owe	77	Estimated tax penalty (see instructions)	77	316.

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name ▶ Kathleen M. White Phone no. ▶ 281-469-5100 Personal identification number (PIN) ▶ 96011

Sign Here
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<i>Kathleen M. White</i>		BUSINESS OWNER	(281) 227-0022
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instrs)
		ADMINISTRATIVE ASSI	

Print/Type preparer's name: Kathleen M. White
Preparer's signature: *Kathleen M. White*
Date: 10/15/14
Check if self-employed

Paid Preparer Use Only
Firm's name ▶ Kathleen M White PC
Firm's address ▶ 9601 Jones Rd Suite 208 Houston, TX 77065
Firm's EIN ▶ [redacted] 7781
Phone no. (281) 469-5100

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2013

Attachment Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor: **ILO R FLOYD**

Social security number (SSN): [REDACTED]

A Principal business or profession, including product or service (see instructions):
MACHINERY MFG.

B Enter code from instructions:
► **333000**

C Business name, if no separate business name, leave blank:
Innovative Machining Solutions LLC

D Employer ID number (EIN), (see instrs):
[REDACTED] **3395**

E Business address (including suite or room no.): ► **14019 Interdrive East**
City, town or post office, state, and ZIP code: **Houston TX 77032**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ► _____

G Did you 'materially participate' in the operation of this business during 2013? If 'No,' see instructions for limit on losses. Yes No

H If you started or acquired this business during 2013, check here:

I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions): Yes No

J If 'Yes,' did you or will you file all required Forms 1099?: Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked	<input type="checkbox"/>	1	1,704,629.
2	Returns and allowances		2	5,078.
3	Subtract line 2 from line 1		3	1,699,551.
4	Cost of goods sold (from line 42)		4	473,712.
5	Gross profit. Subtract line 4 from line 3		5	1,225,839.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	1,225,839.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	557.	18	Office expense (see instructions)	18	26,509.
9	Car and truck expenses (see instructions)	9	5,594.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		20 a	Vehicles, machinery, and equipment	20 a	179,241.
12	Depletion	12		20 b	Other business property	20 b	55,968.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	10,771.	21	Repairs and maintenance	21	9,738.
14	Employee benefit programs (other than on line 19)	14	19,334.	22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	42,572.	23	Taxes and licenses	23	58,187.
16	Interest:			24	Travel, meals, and entertainment:		
16 a	Mortgage (paid to banks, etc.)	16 a		24 a	Travel	24 a	4,551.
16 b	Other	16 b	32,906.	24 b	Deductible meals and entertainment (see instructions)	24 b	437.
17	Legal & professional services	17	2,300.	25	Utilities	25	9,408.
				26	Wages (less employment credits)	26	611,332.
				27 a	Other expenses (from line 48)	27 a	75,234.
				27 b	Reserved for future use	27 b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a: **1,144,639.**

29 Tentative profit or (loss). Subtract line 28 from line 7: **81,200.**

30 Expenses for business use of your home. Do not report such expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

31 Net profit or (loss). Subtract line 30 from line 29.
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.
• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the instructions for line 31). Estates and trusts, enter on Form 1041, line 3.
• If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

Schedule C (Form 1040) 2013 ILO R FLOYD

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No
If 'Yes,' attach explanation

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	364,191.
37 Cost of labor. Do not include any amounts paid to yourself	37	31,822.
38 Materials and supplies	38	45,414.
39 Other costs	39	32,285.
40 Add lines 35 through 39	40	473,712.
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	473,712.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If 'Yes,' is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Bank Charges	2,933.
Delivery and Freight	13,739.
Payroll Expense	20,784.
Tools	37,778.
48 Total other expenses. Enter here and on line 27a	75,234.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2013

Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)

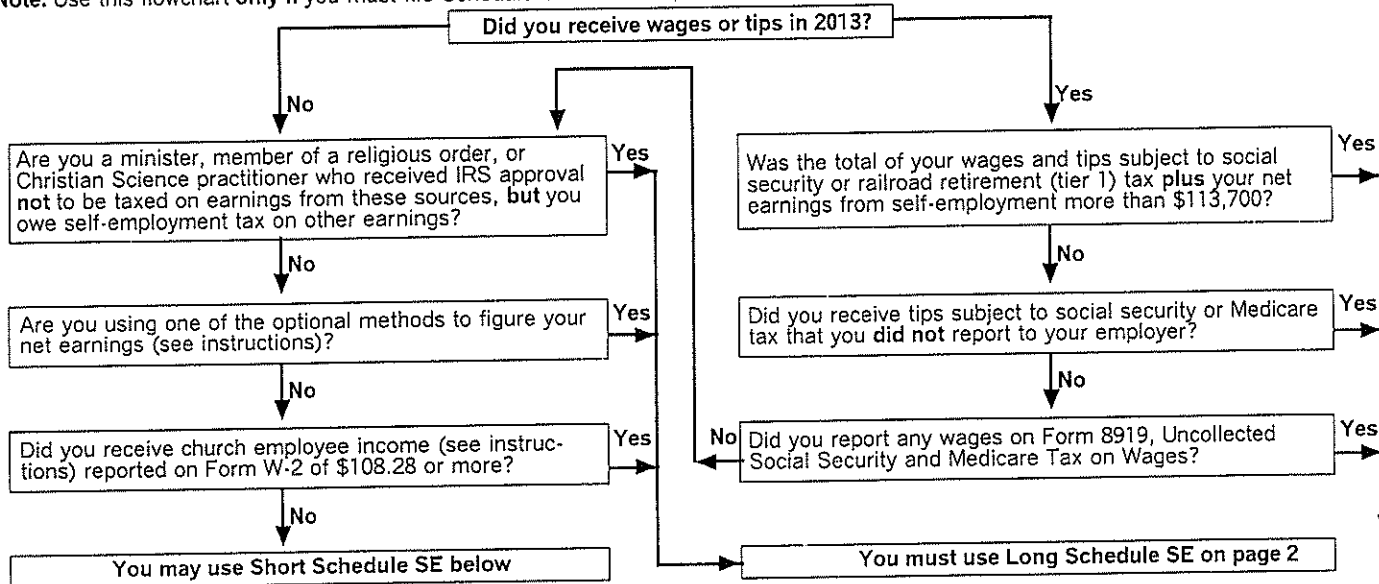
Social security number of person
with self-employment income ►

ILO R FLOYD

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, in the instructions.



Section A – Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1 b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	81,200.
3	Combine lines 1a, 1b, and 2	3	81,200.
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b	4	74,988.
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
5	Self-employment tax. If the amount on line 4 is: • \$113,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$113,700, multiply line 4 by 2.9% (.029). Then, add \$14,098.80 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	11,473.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27 or Form 1040NR, line 27	6	5,737.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2013

Form **4562**

**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No. 1545-0172

2013

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **179**

Name(s) shown on return

ILO R FLOYD AND DONNA L BLACKBURN

Identifying number

Business or activity to which this form relates

Schedule C - Innovative Machining Solutions LLC

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	10,771.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	7-Year Tools	10,771.	10,771.
7	Listed property. Enter the amount from line 29	7	0.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	10,771.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	10,771.
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	0.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	124,694.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	10,771.
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	0.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	10,771.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes,' is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions).....								25
26 Property used more than 50% in a qualified business use:								
27 Property used 50% or less in a qualified business use:								
Dodge Challe	1/01/13	49.90						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.....								28 0.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.....								29 0.

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles).....	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31 Total commuting miles driven during the year.....												
32 Total other personal (noncommuting) miles driven.....	9,939											
33 Total miles driven during the year. Add lines 30 through 32.....	19,840											
34 Was the vehicle available for personal use during off-duty hours?.....	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?.....	X											
36 Is another vehicle available for personal use?.....	X											

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?.....		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.....		
39 Do you treat all use of vehicles by employees as personal use?.....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?.....		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.).....		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions):					
43 Amortization of costs that began before your 2013 tax year.....					43
44 Total. Add amounts in column (f). See the instructions for where to report.....					44

Form **8903**
 (Rev December 2010)
 Department of the Treasury
 Internal Revenue Service

Domestic Production Activities Deduction

▶ Attach to your tax return. ▶ See separate instructions.

OMB No. 1545-1984

Attachment Sequence No. **143**

Name(s) as shown on return

Identifying number

ILO R FLOYD AND DONNA L BLACKBURN

Note. Do not complete column (a), unless you have oil-related production activities. Enter amounts for all activities in column (b), including oil-related production activities.		(a)	(b)
		Oil-related production activities	All activities
1	Domestic production gross receipts (DPGR)		993,455.
2	Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3		
3	Enter deductions and losses allocable to DPGR (see instructions)		
4	If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4		945,926.
5	Add lines 2 through 4		945,926.
6	Subtract line 5 from line 1		47,529.
7	Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions)		
8	Add line 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10		47,529.
9	Amount allocated to beneficiaries of the estate or trust (see instructions)		
10 a	Oil-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a), all others, enter amount from line 8, column (a). If zero or less, enter -0- here	0.	
10 b	Qualified production activities income. Estates and trusts, subtract line 9, column (b), from line 8, column (b), all others, enter amount from line 8, column (b). If zero or less, enter -0- here, skip lines 11 through 21, and enter -0- on line 22		47,529.
11	Income limitation (see instructions): <ul style="list-style-type: none"> Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions) 		106,011.
12	Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13 through 21, and enter -0- on line 22		47,529.
13	Enter 9% of line 12		4,278.
14 a	Enter the smaller of line 10a or line 12		
14 b	Reduction for oil-related qualified production activities income. Multiply line 14a by 3%		
15	Subtract line 14b from line 13		4,278.
16	Form W-2 wages (see instructions)		375,949.
17	Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see instructions)		
18	Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20		375,949.
19	Amount allocated to beneficiaries of the estate or trust (see instructions)		
20	Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18		375,949.
21	Form W-2 wage limitation. Enter 50% of line 20		187,975.
22	Enter the smaller of line 15 or line 21		4,278.
23	Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6		
24	Expanded affiliated group allocation (see instructions)		
25	Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return		4,278.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 8903 (Rev.12-2010)

Form **8879**

IRS e-file Signature Authorization

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records.

2013

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID) ▶

Taxpayer's name ILO R FLOYD	Social security number [REDACTED]
Spouse's name DONNA L BLACKBURN	Spouse's social security number [REDACTED]

Part I Tax Return Information – Tax Year Ending December 31, 2013 (Whole Dollars Only)		
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	101,733.
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	23,762.
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	3,548.
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 13a)	4	
5 Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	14,194.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2013, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize Kathleen M White PC to enter or generate my PIN [REDACTED] as my signature on my tax year 2013 electronically filed income tax return.
ERO firm name Enter five numbers, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 10/15/2014

Spouse's PIN: check one box only

I authorize Kathleen M White PC to enter or generate my PIN [REDACTED] as my signature on my tax year 2013 electronically filed income tax return.
ERO firm name Enter five numbers, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 10/15/2014

Practitioner PIN Method Returns Only – continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED] 6011
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2013 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 10/15/2014

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

2013

Vehicle/Unreimbursed Expenses

Page 1

ILO R FLOYD AND DONNA L BLACKBURN

Vehicle Expenses - Schedule C
MACHINERY MFG.

	<u>Dodge Challenger</u>
1. Date placed in service	1/01/13
2. Total mileage	19,840
3. Business mileage	9,901
4. Business use percentage (divide line 3 by line 2)	0.4990
Standard Mileage Rate:	
5. Multiply line 3 by 56.5 cents (.565)	5,594.
Depr. portion of mileage (23 cents per mile)	2,277.
Oper. exp. portion of mileage (33.5 cents per mile)	3,317.
Actual Expenses:	
6. Gasoline, lube and oil	
7. Repairs	
8. Tires	
9. Insurance	
10. Miscellaneous	
11. Auto license (except personal property taxes)	
12. Value of employer-provided vehicle	
13. Vehicle rent or lease (less inclusion)	
14. Add lines 6 through 13	0.
15. Multiply line 14 by line 4	
16. Depreciation and section 179 deduction	
17. Add lines 15 and 16	0.
Total Vehicle Expenses:	
	Std Mileage
18. Enter line 5 or line 17	5,594.
19. Parking fees and tolls	
20. Add lines 18 and 19	5,594.
Vehicle Expense Allocation:	
21. Car and truck expenses	5,594.
22. Depreciation	
23. Vehicle rent or lease payments	
24. Add lines 21, 22, and 23	5,594.
25. Interest expense (business portion)	
26. Taxes and licenses (business portion)	
27. Personal property taxes (Schedule A)	

2013

Federal Income Tax Summary

Page 1

ILO R FLOYD AND DONNA L BLACKBURN

	2013	2012	Diff
INCOME			
Wages, salaries, tips, etc.....	32,723	32,172	551
Business income.....	81,200	110,598	-29,398
Taxable IRA distributions.....	0	5,913	-5,913
Total income.....	113,923	148,683	-34,760
ADJUSTMENTS TO INCOME			
Deductible part of self-employment tax..	5,737	7,812	-2,075
Self-employed health insurance.....	2,175	1,832	343
Domestic production activities deduction	4,278	5,079	-801
Total adjustments.....	12,190	14,723	-2,533
Adjusted gross income.....	101,733	133,960	-32,227
ITEMIZED DEDUCTIONS			
Taxes.....	1,457	1,572	-115
Total itemized deductions.....	1,457	1,572	-115
TAX COMPUTATION			
Standard deduction.....	12,200	11,900	300
Larger of itemized or standard deduction	12,200	11,900	300
Income prior to exemption deduction.....	89,533	122,060	-32,527
Exemption deduction.....	7,800	7,600	200
Taxable income.....	81,733	114,460	-32,727
Tax before credits.....	12,289	20,675	-8,386
CREDITS			
Total credits.....	0	0	0
Tax after credits.....	12,289	20,675	-8,386
OTHER TAXES			
Self-employment tax.....	11,473	13,584	-2,111
Tax on IRAs, other qual. ret. plans, etc	0	591	-591
Total tax.....	23,762	34,850	-11,088
PAYMENTS			
Federal income tax withheld.....	3,548	3,498	50
Estimated tax payments.....	1,336	4,756	-3,420
Amount paid with extension.....	5,000	28,000	-23,000
Total payments.....	9,884	36,254	-26,370
REFUND OR AMOUNT DUE			
Amount overpaid.....	0	1,404	-1,404
Applied to next year's estimated tax.....	0	1,336	-1,336
Underpayment penalty.....	316	68	248
Amount you owe.....	14,194	0	14,194
TAX RATES			
Marginal tax rate.....	25.0%	25.0%	0.0%
Effective tax rate.....	29.1%	30.4%	-1.3%

Fill in this information to identify the case

Debtor name Innovative Machining Solutions, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

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

2. Cash on hand _____

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
--	-----------------	---------------------------------	--

3.1. <u>Checking account - approximate balance</u>	<u>Checking account</u>	<u>0 0 0 1</u>	<u>\$2,000.00</u>
--	-------------------------	----------------	-------------------

4. Other cash equivalents (*Identify all*)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2,000.00

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.

Debtor Innovative Machining Solutions, LLC Case number (if known) _____
 Name

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Deposit with Southwest Region Entergy- deposit for utilities \$3,214.00

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

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

\$3,214.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: \$8,947.50 — \$0.00 = → \$8,947.50
 face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$10,414.00 — \$10,414.00 = → \$0.00
 face amount doubtful or uncollectible accounts

12. Total of Part 3

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

\$8,947.50

Part 4: Investments

13. Does the debtor own any investments?

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

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: _____ % of ownership: _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

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.

Debtor Innovative Machining Solutions, LLC Case number (if known) _____
 Name

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
Raw Material - Steel Bar and Plate Drops				
Value \$1,000.00	04/18/2016		debtor's estimate	\$1,000.00
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
3D Printer Resin				
Value \$250.00				
Miscellaneous Screws and Fasteners				
Value \$100.00				
Coolant and Cutting Oils				
Value \$750.00				
Lot of Scap Metal				
Value \$100.00			debtor's estimate	\$1,200.00
23. Total of Part 5				\$2,200.00
Add lines 19 through 22. Copy the total to line 84.				

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

- No
- Yes

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

- 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 or fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- 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
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			

Debtor Innovative Machining Solutions, LLC Case number (if known) _____
 Name

32. Other farming and fishing-related property not already listed in Part 6

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$0.00

34. Is the debtor a member of an agricultural cooperative?

- No
- Yes. Is any of the debtor's property stored at the cooperative?
 - No
 - Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

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

36. Is a depreciation schedule available for any of the property listed in Part 6?

- No
- Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- No
- Yes

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
4Office Desks			
3Plastic Fold Tables			
2Coffee Makers			
1Microwave		Debtor's estimate	\$1,750.00
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
3Computers, Desktop			
1Epson Printer		Debtor's estimate	\$2,150.00

42. Collectibles *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$3,900.00

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

- No
- Yes

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

- No
- Yes

Debtor Innovative Machining Solutions, LLC Case number (if known) _____
Name**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
---	---	--	---------------------------------------

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

47.1. <u>Fork Lift, Propane Powered</u>	<u>\$6,000.00</u>	Debtor's estimate	<u>\$6,000.00</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)**

12" Inserted Cutter and Inserts
3Inserted Drills
1Large Set of ISCAR I.T.S Boring Head
System
10Custom Fixtures manufactured by IMS,
Job Specific
1Belt Sander, Table Top
1Assorted Die Grinders and Hand Tools
28" Vice
36" Vice
45" Face Mill
8Komet Inserted Drills
1Assortment of Spade Drills and Holders
50Endmill Holders CAT 50
20Endmill Holders CAT 40
4Tap Holders
1Collets and Collet Holders
1Assortment of All Thread and Tiedown
Clamps
30Chuck Jaw Sets
10Vise Jaw Sets
1Digital Calipers, 24"
1O.D. Mic Set, 6"-12"
1Digital Calipers, 12"
1I.D. Mic Set, 4"-40"
2Blade Mic Set, 0"-6"
2O.D. Mic Set, 0-6"
1Groove Width Mic
4Dial Bore Sets
1Assortment of ID Mics
2O.D. Mic Set, 12"-16"
1O.D. Mic Set, 16"-20"
1Pin Gauge Set
1I.D. Dial Mic Set
1 Lot Misc.

Title is subject to litigation.		Debtor's estimate	<u>\$56,185.00</u>
3D Printer, Uprint SE Plus, Various Supplies		Debtor's estimate	<u>\$10,000.00</u>

Debtor Innovative Machining Solutions, LLC Case number (if known) _____
 Name

- 2Tool Rack Holder Shelves, Wooden
- 2Wooden Shelves
- 5Steel Work Tables
- 3Water Hoses, Varying Lengths
- 1Coolant Mixer
- 1Tool Box

Title is subject to litigation. _____ Debtor's estimate \$2,730.00

51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87. \$74,915.00

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

- No
- Yes

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

- No
- Yes

Part 9: Real property

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

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

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	---	------------------------------------

55.1. Trader Properties
 Commerical Building Lease _____ Commercial Lease _____ \$0.00

56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. \$0.00

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

- No
- Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
- Yes

Part 10: Intangibles and Intellectual Property

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

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

Debtor Innovative Machining Solutions, LLC Case number (if known) _____
 Name

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites <u>inmaso.net (website is inactive)</u>			<u>Unknown</u>
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property <u>Blueprints</u>			<u>Unknown</u>
65. Goodwill <u>Name and reputation</u>			<u>Unknown</u>
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			<u>\$0.00</u>
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form? Include all interests in executory contracts and unexpired leases not previously reported on this form. <input type="checkbox"/> No. Go to Part 12. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
71. Notes receivable Description (include name of obligor)			Current value of debtor's interest
72. Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)			
73. Interests in insurance policies or annuities			
74. Causes of action against third parties (whether or not a lawsuit has been filed)			
75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims Counterclaim against Kandle Oilfied Products, Inc in Cause# 2015-02936; in the 151st Judicial District of Harris County Texas for fraud, usury, commercially unreasonable foreclosure sale, tortious interference, conversion of electronic data and punitive damages.			<u>\$1,000,000.00</u>
Nature of claim	<u>See above</u>		
Amount requested	<u>\$1,000,000.00</u>		

Debtor Innovative Machining Solutions, LLC
Name

Case number (if known) _____

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

Miscellaneous Office Supplies \$500.00

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$1,000,500.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
 Yes

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>\$2,000.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$3,214.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$8,947.50</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$2,200.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$3,900.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$74,915.00</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>+ \$1,000,500.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$1,095,676.50</u>	<u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$1,095,676.50</u>

Fill in this information to identify the case:

Debtor name Innovative Machining Solutions, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

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

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<u>\$17,005.02</u>	<u>\$0.00</u>

2.1	<p>Creditor's name <u>STRATASYS INC</u></p> <p>Creditor's mailing address <u>7665 COMMERCE WAY</u></p> <p><u>Eden Prairie MN 55344</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>3/1/2014</u></p> <p>Last 4 digits of account number <u>2 4 7 9</u></p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien <u>3-D Printer</u></p> <p>Describe the lien <u>Purchase Money</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>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</p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$17,005.02

Fill in this information to identify the case:

Debtor Innovative Machining Solutions, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

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 part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<div style="background-color: black; color: white; padding: 2px; display: inline-block; margin-bottom: 5px;">2.1</div> Priority creditor's name and mailing address <u>ELIZABETH A. CALDWELL</u> <u>5000 Watkins Way #623</u> <hr/> <u>Friendswood TX 77546</u> Date or dates debt was incurred <u>4/17/16-4/22/16</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)	<u>\$824.05</u>	<u>\$824.05</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>Labor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

<div style="background-color: black; color: white; padding: 2px; display: inline-block; margin-bottom: 5px;">2.2</div> Priority creditor's name and mailing address <u>ILO R. FLOYD</u> <u>12102 Fork Creek Dr.</u> <hr/> <u>Houston TX 77065</u> Date or dates debt was incurred <u>4/17/16 -4/22/16</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)	<u>\$1,175.24</u>	<u>\$1,175.24</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>Labor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

	Total claim	Priority amount
<p>2.3 Priority creditor's name and mailing address</p> <p><u>INTERNAL REVENUE SERVICE</u></p> <p><u>Special Procedures Staff-Insolvency</u></p> <p><u>P.O. Box 7346</u></p> <p>_____</p> <p><u>Philadelphia</u> <u>PA</u> <u>19101-7346</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)</p> <p>2015 - \$435.16</p> <p>2016 \$183.45</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>940 Taxes</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$618.61</u></p> <p><u>\$0.00</u></p>

<p>2.4 Priority creditor's name and mailing address</p> <p><u>INTERNAL REVENUE SERVICE</u></p> <p><u>Special Procedures Staff-Insolvency</u></p> <p><u>P.O. Box 7346</u></p> <p>_____</p> <p><u>Philadelphia</u> <u>PA</u> <u>19101-7346</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)</p> <p>2015 - \$84,403.05</p> <p>2016 - \$20,731.80</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>941 Taxes</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$105,134.90</u></p> <p><u>\$105,134.90</u></p>
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<p>2.5 Priority creditor's name and mailing address</p> <p><u>Internal Revenue Service</u></p> <p><u>Special Procedures Staff-Insolvency</u></p> <p><u>P.O. Box 7346</u></p> <p>_____</p> <p><u>Philadelphia</u> <u>PA</u> <u>19101-7346</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>8</u>)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><u>1040 Taxes</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$14,000.00</u></p> <p><u>\$14,000.00</u></p>
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Debtor Innovative Machining Solutions, LLC Case number (if known) _____

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

		Total claim	Priority amount
2.6	Priority creditor's name and mailing address <u>MARK C. TUBBS</u> <u>266 CR 390</u> <u>Cleveland TX 77328</u> Date or dates debt was incurred <u>4/17/16 -4/22/16</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)	<u>\$1,194.56</u>	<u>\$1,194.56</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>Labor</u>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.7	Priority creditor's name and mailing address <u>MICHAEL A. HYSMITH</u> <u>8244 Razorback Dr.</u> <u>Spring TX 77389</u> Date or dates debt was incurred <u>4/17/16-4/22/16</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)	<u>\$518.43</u>	<u>\$518.43</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>Labor</u>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.8	Priority creditor's name and mailing address <u>TRAVIS L. PETERSON</u> <u>13081 Royal Lake Dr.</u> <u>Conroe TX 77303</u> Date or dates debt was incurred <u>4/17/16 -4/22/16</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>4</u>)	<u>\$599.19</u>	<u>\$599.19</u>
As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim: <u>Labor</u>			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	<u>ADLER TANK RENTALS</u>	<input type="checkbox"/> Contingent	<u>\$1,300.01</u>
	<u>2751 Aaron St., Deer Park, TX 77536</u>	<input type="checkbox"/> Unliquidated	
	<u>P O Box 45081 San Francisco, CA 94145-00</u>	<input type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	_____	<u>Rental Equipment</u>	
	Date or dates debt was incurred <u>3/1/2013</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	<u>ADVANCED FLAMECUTTING & STEEL, INC.</u>	<input type="checkbox"/> Contingent	<u>\$15,027.00</u>
	<u>1320 Alameda Genoa Rd.</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	<u>Houston TX 77074</u>	<u>Services</u>	
	Date or dates debt was incurred <u>6/1/2013</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.3	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	<u>AIRGAS USA, LLC</u>	<input type="checkbox"/> Contingent	<u>\$15,529.81</u>
	<u>P O Box 1152</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	<u>Tulsa OK 74101</u>	<u>Non-Purchase Money</u>	
	Date or dates debt was incurred <u>5/1/2013</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.4	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
	<u>ALLIED DEAN-CHEMICAL</u>	<input type="checkbox"/> Contingent	<u>\$2,380.85</u>
	<u>5616 Corl St.</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	<u>Houston TX 77087</u>	<u>Services</u>	
	Date or dates debt was incurred <u>6/1/2013</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$4,224.00</u>
	<u>AMERICAN FOUNDRY GROUP</u>	<input type="checkbox"/> Contingent	
	<u>14602 S. GRANT</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<u>Bixby OK 74008</u>	Basis for the claim:	
		<u>Raw Materials</u>	
	Date or dates debt was incurred <u>1/1/2013</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
	<u>AT&T</u>	<input type="checkbox"/> Contingent	
	<u>P.O. BOX 105414</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<u>ATLANTA GA 30348-5414</u>	Basis for the claim:	
		<u>Cell Phones</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
	<u>ATLAS ALARM</u>	<input type="checkbox"/> Contingent	
	<u>4103 ASCOT LN</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<u>HOUSTON TX 77092</u>	Basis for the claim:	
		<u>Security System</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$7,100.00</u>
	<u>ATLAS MACHINE MOVERS</u>	<input type="checkbox"/> Contingent	
	<u>P O Box 173</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<u>South Houston TX 77587</u>	Basis for the claim:	
		<u>Services</u>	
	Date or dates debt was incurred <u>2/1/2015</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,800.71</u>
	<u>BASS TOOL</u>	<input type="checkbox"/> Contingent	
	<u>2300 Fairway Park Dr.</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Houston TX 77092</u>	<u>Services</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u>N N 0 7</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$11,274.54</u>
	<u>CARBIDE AND SUPPLY</u>	<input type="checkbox"/> Contingent	
	<u>11050 West Little York, Unit B7</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Houston TX 77041</u>	<u>Services</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u>N 2 0 0</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$21,000.00</u>
	<u>CHALLENGER EQUIPMENT & TOOL CO. INC</u>	<input type="checkbox"/> Contingent	
	<u>12814 Old Boudreaux Lane</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Tomball TX 77306</u>	<u>Lease</u>	
	Date or dates debt was incurred <u>11/20/2015</u>	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,286.23</u>
	<u>CHASE BANK</u>	<input type="checkbox"/> Contingent	
	<u>340 S Cleveland Ave Bldg 370</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Westerville OH 43081</u>	<u>Checking account fees</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.13	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
	<u>CITY OF CUT AND SHOOT</u>	<input type="checkbox"/> Contingent	
	<u>P O BOX 7176</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>CUT AND SHOOT TX 77306</u>	<u>Water</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.14	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$33,862.43</u>
	<u>CLEVELAND GEAR COMPANY</u>	<input type="checkbox"/> Contingent	
	<u>3249 East 80th St.</u>	<input type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Cleveland OH 44104</u>	<u>Judgment</u>	
	Date or dates debt was incurred <u>8/1/2013</u>	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
	<u>CONSOLIDATED COMMUNICATIONS</u>	<input type="checkbox"/> Contingent	
	<u>3580 S LOOP W</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>CONROE TX 77304</u>	<u>Phones/Internet</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,896.05</u>
	<u>CROWN EQUIPMENT CORP</u>	<input type="checkbox"/> Contingent	
	<u>P O Box 641173</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Cincinnati OH 45264</u>	<u>Services</u>	
	Date or dates debt was incurred <u>7/1/2014</u>	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.17	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$53,433.60</u>
	<u>DONATO, MINX, BROWN & POOL P.C.</u>	<input type="checkbox"/> Contingent	
	<u>3200 Southwest Freeway #2300</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	<u>Houston TX 77027</u>	<u>Attorney Fees</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.18	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$4,998.49</u>
	<u>DXP</u>	<input type="checkbox"/> Contingent	
	<u>P O Box 201791</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	<u>Dallas TX 75230</u>	<u>Equipment</u>	
	Date or dates debt was incurred <u>7/1/2013</u>	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.19	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$0.00</u>
	<u>ENTERGY</u>	<input type="checkbox"/> Contingent	
	<u>P O BOX 8104</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	<u>BATON ROUGE LA 70891-8104</u>	<u>Electricity</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.20	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$5,590.48</u>
	<u>EXPRO AMERICAS, LLC</u>	<input type="checkbox"/> Contingent	
	<u>10815 Huffmeister Bldg B</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	<u>Houston TX 77065</u>	<u>Services</u>	
	Date or dates debt was incurred <u>3/1/2013</u>	Is the claim subject to offset?	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.21	Nonpriority creditor's name and mailing address <u>FLATIRON CAPITAL</u> <u>1700 Lincoln St. 12th Floor</u> _____ <u>Denver</u> <u>CO</u> <u>80203</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>Insurance</u>	_____ \$4,240.00
	Date or dates debt was incurred <u>2/26/2016</u> Last 4 digits of account number <u>4 2 5 5</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 <u>FORGE USA</u> <u>P O Box 20445</u> _____ <u>Dallas</u> <u>TX</u> <u>75320</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>Raw Materials</u>	_____ \$17,110.00
	Date or dates debt was incurred <u>10/1/2013</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.23	Nonpriority creditor's name and mailing address <u>HARRIS COUNTY TAX ASSESSOR</u> <u>1001 Preston St</u> _____ <u>Houston</u> <u>TX</u> <u>77002</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>Property Taxes</u>	_____ \$0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.24	Nonpriority creditor's name and mailing address <u>JAPAN MACHINE TOOLS CORPORATION</u> <u>P O Box 40024</u> _____ <u>Houston</u> <u>TX</u> <u>77041</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>Equipment</u>	_____ \$4,090.00
	Date or dates debt was incurred <u>9/1/2015</u> Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$4,610.50</u>
	<u>JP STEEL, LLC</u>	<input type="checkbox"/> Contingent	
	<u>P O Box 592</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Katy TX 77492</u>	<u>Raw Materials</u>	
	Date or dates debt was incurred <u>8/1/2013</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.26	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$105,000.00</u>
	<u>KANDLE OILFIELD PRODUCTS, INC.</u>	<input checked="" type="checkbox"/> Contingent	
	<u>14019 Interdrive East</u>	<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Houston TX 77032</u>	<u>Lease</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input type="checkbox"/> No	
		<input checked="" type="checkbox"/> Yes	

3.27	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,890.00</u>
	<u>LMC PRECISION MACHINE, INC.</u>	<input type="checkbox"/> Contingent	
	<u>11816 CR 302 Bldg#3</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Plantersville TX 77363</u>	<u>Services</u>	
	Date or dates debt was incurred <u>8/1/2013</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.28	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$15,000.00</u>
	<u>MARINE URETHANE, INC.</u>	<input checked="" type="checkbox"/> Contingent	
	<u>2000 Wilson Road</u>	<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Humble TX 77396</u>	<u>Judgment</u>	
	Date or dates debt was incurred <u>8/4/2014</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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Part 2: Additional Page

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Amount of claim

3.29	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$70,117.40
<u>MARK'S MACHINE SHOP</u>		<input type="checkbox"/> Contingent	
<u>P.O. Box 1596</u>		<input type="checkbox"/> Unliquidated	
_____		<input checked="" type="checkbox"/> Disputed	
_____		Basis for the claim:	
<u>El Campo</u>	<u>TX 77437</u>	Services	
Date or dates debt was incurred	_____	Is the claim subject to offset?	
Last 4 digits of account number	__ _ _ _ _	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.30	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$623.91
<u>MCMASTER-CARR</u>		<input type="checkbox"/> Contingent	
<u>P O Box 7690</u>		<input type="checkbox"/> Unliquidated	
_____		<input type="checkbox"/> Disputed	
_____		Basis for the claim:	
<u>Chicago</u>	<u>IL 60680</u>	Raw Materials	
Date or dates debt was incurred	<u>7/1/2013</u>	Is the claim subject to offset?	
Last 4 digits of account number	__ _ _ _ _	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.31	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$16,219.88
<u>MEI RIGGING AND CRATING</u>		<input type="checkbox"/> Contingent	
<u>3838 Western Way NE</u>		<input type="checkbox"/> Unliquidated	
_____		<input type="checkbox"/> Disputed	
_____		Basis for the claim:	
<u>Albany</u>	<u>OR 97321</u>	Services	
Date or dates debt was incurred	<u>7/1/2015</u>	Is the claim subject to offset?	
Last 4 digits of account number	__ _ _ _ _	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.32	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$0.00
<u>MONTGOMERY COUNTY TAX OFFICE</u>		<input type="checkbox"/> Contingent	
<u>400 N. San Jacinto St</u>		<input type="checkbox"/> Unliquidated	
_____		<input type="checkbox"/> Disputed	
_____		Basis for the claim:	
<u>Conroe</u>	<u>TX 77301</u>	Property Taxes	
Date or dates debt was incurred	_____	Is the claim subject to offset?	
Last 4 digits of account number	__ _ _ _ _	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.33	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	<u>NEWAY CNC</u>	<input checked="" type="checkbox"/> Contingent		
	<u>9757 Stafford Centre Drive</u>	<input checked="" type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
		Basis for the claim:		
	<u>Stafford TX 77477</u>	<u>Equipment</u>		
	Date or dates debt was incurred _____	Is the claim subject to offset?		
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		

3.34	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		Unknown
	<u>PIQ MACHINE LLC</u>	<input checked="" type="checkbox"/> Contingent		
	<u>22800 Gabriel</u>	<input checked="" type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
		Basis for the claim:		
	<u>New Caney TX 77357</u>	<u>Lease</u>		
	Date or dates debt was incurred _____	Is the claim subject to offset?		
	Last 4 digits of account number _____	<input type="checkbox"/> No		
		<input checked="" type="checkbox"/> Yes		

3.35	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$0.00
	<u>REPUBLIC SERVICES</u>	<input type="checkbox"/> Contingent		
	<u>149 INDUSTRIAL CT</u>	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
	<u>CONROE TX 77301</u>	<u>Trash Pick up</u>		
	Date or dates debt was incurred _____	Is the claim subject to offset?		
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		

3.36	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$6,241.00
	<u>REX SUPPLY CO.</u>	<input type="checkbox"/> Contingent		
	<u>P O Box 670587</u>	<input type="checkbox"/> Unliquidated		
		<input type="checkbox"/> Disputed		
		Basis for the claim:		
	<u>Detroit MI 48267</u>	<u>Services</u>		
	Date or dates debt was incurred _____	Is the claim subject to offset?		
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

Part 2: Additional Page

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Amount of claim

3.37	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$13,469.00</u>
	<u>SEALS AND PACKINGS, INC.</u>	<input type="checkbox"/> Contingent	
	<u>P O Box 6678075</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Dallas TX 75267</u>	<u>Raw Materials</u>	
	Date or dates debt was incurred <u>8/1/2013</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.38	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,099.90</u>
	<u>SMALLEY STEEL RING COMPANY</u>	<input type="checkbox"/> Contingent	
	<u>555 Oakwood Rd</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim:	
	<u>Lake Zurich IL 60047</u>	<u>Raw Materials</u>	
	Date or dates debt was incurred <u>2/1/2013</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

3.39	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>Unknown</u>
	<u>TRADER PROPERTIES</u>	<input type="checkbox"/> Contingent	
	<u>5305 Allard Way</u>	<input type="checkbox"/> Unliquidated	
	<u>Edmonton AB TGH-5X8</u>	<input type="checkbox"/> Disputed	
		Basis for the claim:	
		<u>Lease</u>	
	Date or dates debt was incurred <u>7/21/2015</u>	Is the claim subject to offset?	
	Last 4 digits of account number <u> </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

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
4.1	<u>BARNET & GARCIA</u> <u>3821 Juniper Trace, Suite 108</u> <hr/> <u>Austin TX 78738</u>	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain:	_____
4.2	<u>INTERNAL REVENUE SERVICE</u> <u>P.O. Box 10541</u> <hr/> <u>Atlanta GA 30348-5421</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.3	<u>INTERNAL REVENUE SERVICE</u> <u>c/o U.S. Attorney</u> <u>19th & Constitution, N.W.</u> <hr/> <u>Washington DC 20530</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.4	<u>INTERNAL REVENUE SERVICE</u> <u>c/o U.S. Attorney</u> <u>P.O. Box 61129</u> <hr/> <u>Houston TX 77208</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.5	<u>JAMES J. HANSEN</u> <u>One Riverway</u> <u>Suite 1700</u> <hr/> <u>Houston TX 77056</u>	Line <u>3.26</u> <input type="checkbox"/> Not listed. Explain:	_____
4.6	<u>JON D. TOTZ</u> <u>2211 Norfolk, Suite 510</u> <hr/> <u>Houston TX 77098</u>	Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain:	_____

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	<u>JON D. TOTZ</u> <u>2211 Norfolk, Suite 510</u> <hr/> <u>Houston TX 77098</u>	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain:	_____
4.8	<u>Jose Lopez, Receiver</u> <u>4601 Washington Ave., Suite 200</u> <hr/> <u>Houston TX 77007</u> Receiver	Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain:	_____
4.9	<u>MICHAEL STEIN, Receiver</u> <u>1811 Bering Drive, Ste. 420</u> <hr/> <u>Houston TX 77057</u> Receiver	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain:	_____
4.10	<u>SECURITIES AND EXCHANGE</u> <u>Fort Worth Reginal Office</u> <u>Burnett Plaza, Suite 1900</u> <u>801 Cherry Street Unit 18</u> <u>Fort Worth TX 76102</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.11	<u>TRADER PROPERTIES</u> <u>2600 South Gessner Rd., Ste 100</u> <hr/> <u>Houston TX 77063</u>	Line <u>3.39</u> <input type="checkbox"/> Not listed. Explain:	_____
4.12	<u>ZACHARY MCKAY</u> <u>17171 Park Row, Suite 160</u> <hr/> <u>Houston TX 77084</u>	Line <u>3.29</u> <input type="checkbox"/> Not listed. Explain:	_____

Debtor Innovative Machining Solutions, LLC Case number (if known) _____

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

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

	Total of claim amounts
5a. Total claims from Part 1	5a. <u>\$124,064.98</u>
5b. Total claims from Part 2	5b. + <u>\$442,415.79</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <u>\$566,480.77</u>

Fill in this information to identify the case:

Debtor name Innovative Machining Solutions, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____ Chapter 11

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, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court 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 contracts or 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 | Lease of equipment | Challenger Equipment & Tool Co. Inc.
12814 Old Boudreaux Lane
Tomball TX 77306 |
| | State the term remaining | 33 months | |
| | List the contract number of any government contract | _____ | |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest | Three Party Escrow Agreement | Guard-IT Corporation
1250 S. Capital of Texas Hwy
Bldg 3, Suite 400
Austin TX 78746 |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest | Private Label Agreement | KANDLE OILFIELD PRODUCTS, INC.
14019 Interdrive East
Houston TX 77032 |
| | State the term remaining | _____ | |
| | List the contract number of any government contract | _____ | |
| 2.4 | State what the contract or lease is for and the nature of the debtor's interest | Commercial Lease | TRADER PROPERTIES
5305 Allard Way
Edmonton AB TGH-5X8 |
| | State the term remaining | 15 months | |
| | List the contract number of any government contract | _____ | |

Fill in this information to identify the case:

Debtor name Innovative Machining Solutions, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

Check if this is an amended filing

Official Form 206H

Schedule H: 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.

- Does the debtor 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
- 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

Check all schedules that apply:

Name	Mailing address	Name	
2.1 Chad Hawkins	<u>1544 Jefferson Chemical Rd</u> <small>Number Street</small>	TRADER PROPERTIES	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
	<u>Conroe TX 77306</u> <small>City State ZIP Code</small>		
2.2 Ilo R. Floyd	<u>12102 Fork Creek Dr.</u> <small>Number Street</small>	KANDLE OILFIELD PRODUCTS, INC.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Houston TX 77065</u> <small>City State ZIP Code</small>		
2.3 Ilo R. Floyd	<u>12102 Fork Creek Dr.</u> <small>Number Street</small>	TRADER PROPERTIES	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<u>Houston TX 77065</u> <small>City State ZIP Code</small>		

Fill in this information to identify the case:

Debtor Name Innovative Machining Solutions, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

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.....	<u>\$0.00</u>
1b. Total personal property: Copy line 91A from Schedule A/B.....	<u>\$1,095,676.50</u>
1c. Total of all property Copy line 92 from Schedule A/B.....	<u>\$1,095,676.50</u>

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, at the bottom of page 1 of Schedule D..... \$17,005.02

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.....	<u>\$124,064.98</u>
3b. Total amount of claims of non-priority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	+ <u>\$442,415.79</u>

4. **Total liabilities**

Lines 2 + 3a + 3b..... \$583,485.79

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

Debtor Name Innovative Machining Solutions, LLC
 United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS
 Case number (if known) _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

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

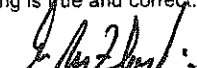
I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- 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 04/25/2016
MM / DD / YYYY.

X



Signature of individual signing on behalf of debtor

Ilo Floyd

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:Debtor name Innovative Machining Solutions, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number
(if known) _____ Check if this is an amended filingOfficial 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 claims 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 the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	INTERNAL REVENUE SERVICE Special Procedures Staff-Insolvency P.O. Box 7346 Philadelphia, PA 19101-		941 Taxes				\$105,134.90
2	KANDLE OILFIELD PRODUCTS, INC. 14019 Interdrive East Houston, TX 77032		Lease	Contingent Unliquidated Disputed			\$105,000.00
3	MARK'S MACHINE SHOP P.O. Box 1596 El Campo, Texas 77437		Services	Disputed			\$70,117.40
4	DONATO, MINX, BROWN & POOL P.C. 3200 Southwest Freeway #2300 Houston, TX 77027		Attorney Fees				\$53,433.60
5	CLEVELAND GEAR COMPANY 3249 East 80th St. Cleveland, OH 44104		Judgment	Disputed			\$33,862.43

Debtor Innovative Machining Solutions, LLC Case number (if known) _____
Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured 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
6	CHALLENGER EQUIPMENT & TOOL CO. INC 12814 Old Boudreaux Lane Tomball, Texas 77306		Lease				\$21,000.00
7	FORGE USA P O Box 20445 Dallas, TX 75320		Raw Materials				\$17,110.00
8	STRATASYS INC 7665 COMMERCE WAY Eden Prairie, MN 55344		Purchase Money		\$17,005.02	\$0.00	\$17,005.02
9	MEI RIGGING AND CRATING 3838 Western Way NE Albany, OR 97321		Services				\$16,219.88
10	AIRGAS USA, LLC P O Box 1152 Tulsa, OK 74101		Non-Purchase Money				\$15,529.81
11	ADVANCED FLAMECUTTING & STEEL, INC. 1320 Almeda Genoa Rd. Houston, TX 77074		Services				\$15,027.00
12	MARINE URETHANE, INC. 2000 Wilson Road Humble, Texas 77396		Judgment	Contingent Unliquidated Disputed			\$15,000.00
13	Internal Revenue Service Special Procedures Staff-Insolvency P.O. Box 7346 Philadelphia, PA 19101- 7346		1040 Taxes				\$14,000.00

Debtor **Innovative Machining Solutions, LLC** Case number (if known) _____
Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured 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
14	SEALS AND PACKINGS, INC. P O Box 6678075 Dallas, TX 75267		Raw Materials				\$13,469.00
15	CARBIDE AND SUPPLY 11050 West Little York, Unit B7 Houston, TX 77041		Services				\$11,274.54
16	ATLAS MACHINE MOVERS P O Box 173 South Houston, TX 77587		Services				\$7,100.00
17	REX SUPPLY CO. P O Box 670587 Detroit, MI 48267		Services				\$6,241.00
18	EXPRO AMERICAS, LLC 10815 Huffmeister Bldg B Houston, TX 77065		Services				\$5,590.48
19	DXP P O Box 201791 Dallas, TX 75230		Equipment				\$4,998.49
20	JP STEEL, LLC P O Box 592 Katy, TX 77492		Raw Materials				\$4,610.50

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: **Innovative Machining Solutions, LLC**

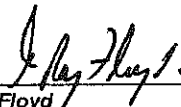
CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 4/25/2016

Signature 
Ilo Floyd
Manager

Date _____

Signature _____

ADLER TANK RENTALS
2751 Aaron St., Deer Park, TX 77536
P O Box 45081 San Francisco, CA 94145-00

ADVANCED FLAMECUTTING & STEEL, INC.
1320 Alameda Genoa Rd.
Houston, TX 77074

AIRGAS USA, LLC
P O Box 1152
Tulsa, OK 74101

ALLIED DEAN-CHEMICAL
5616 Corl St.
Houston, TX 77087

AMERICAN FOUNDRY GROUP
14602 S. GRANT
Bixby, OK 74008

AT&T
P.O. BOX 105414
ATLANTA, GA 30348-5414

ATLAS ALARM
4103 ASCOT LN
HOUSTON, TEXAS 77092

ATLAS MACHINE MOVERS
P O Box 173
South Houston, TX 77587

BARNET & GARCIA
3821 Juniper Trace, Suite 108
Austin, Texas 78738

BASS TOOL
2300 Fairway Park Dr.
Houston, TX 77092

CARBIDE AND SUPPLY
11050 West Little York, Unit B7
Houston, TX 77041

Chad Hawkins
1544 Jefferson Chemical Rd
Conroe, Texas 77306

CHALLENGER EQUIPMENT & TOOL CO. INC
12814 Old Boudreaux Lane
Tomball, Texas 77306

Challenger Equipment & Tool Co. Inc.
12814 Old Boudreaux Lane
Tomball, Texas 77306

CHASE BANK
340 S Cleveland Ave Bldg 370
Westerville, OH 43081

CITY OF CUT AND SHOOT
P O BOX 7176
CUT AND SHOOT, TEXAS 77306

CLEVELAND GEAR COMPANY
3249 East 80th St.
Cleveland, OH 44104

CONSOLIDATED COMMUNICATIONS
3580 S LOOP W
CONROE, TEXAS 77304

CROWN EQUIPMENT CORP
P O Box 641173
Cincinnati, OH 45264

DONATO, MINX, BROWN & POOL P.C.
3200 Southwest Freeway #2300
Houston, TX 77027

DXP
P O Box 201791
Dallas, TX 75230

ELIZABETH A. CALDWELL
5000 Watkins Way #623
Friendswood, TX 77546

ENTERGY
P O BOX 8104
BATON ROUGE, LA 70891-8104

EXPRO AMERICAS, LLC
10815 Huffmeister Bldg B
Houston, TX 77065

FLATIRON CAPITAL
1700 Lincoln St. 12th Floor
Denver, CO 80203

FORGE USA
P O Box 20445
Dallas, TX 75320

Guard-IT Corporation
1250 S. Capital of Texas Hwy
Bldg 3, Suite 400
Austin, Texas 78746

HARRIS COUNTY TAX ASSESSOR
1001 Preston St
Houston, Texas 77002

ILO R. FLOYD
12102 Fork Creek Dr.
Houston, TX 77065

INTERNAL REVENUE SERVICE
c/o U.S. Attorney
P.O. Box 61129
Houston, TX 77208

INTERNAL REVENUE SERVICE
c/o U.S. Attorney
19th & Constitution, N.W.
Washington, DC 20530

INTERNAL REVENUE SERVICE
Special Procedures Staff-Insolvency
P.O. Box 7346
Philadelphia, PA 19101-7346

INTERNAL REVENUE SERVICE
P.O. Box 10541
Atlanta, GA 30348-5421

JAMES J. HANSEN
One Riverway
Suite 1700
Houston, Texas 77056

JAPAN MACHINE TOOLS CORPORATION
P O Box 40024
Houston, TX 77041

JON D. TOTZ
2211 Norfolk, Suite 510
Houston, Texas 77098

Jose Lopez, Receiver
4601 Washington Ave., Suite 200
Houston, Texas 77007

JP STEEL, LLC
P O Box 592
Katy, TX 77492

KANDLE OILFIELD PRODUCTS, INC.
14019 Interdrive East
Houston, TX 77032

LMC PRECISION MACHINE, INC.
11816 CR 302 Bldg#3
Plantersville, TX 77363

MARINE URETHANE, INC.
2000 Wilson Road
Humble, Texas 77396

MARK C. TUBBS
266 CR 390
Cleveland, TX 77328

MARK'S MACHINE SHOP
P.O. Box 1596
El Campo, Texas 77437

MCMASTER-CARR
P O Box 7690
Chicago, IL 60680

MEI RIGGING AND CRATING
3838 Western Way NE
Albany, OR 97321

MICHAEL A. HYSMITH
8244 Razorback Dr.
Spring, TX 77389

MICHAEL STEIN, Receiver
1811 Bering Drive, Ste. 420
Houston, TX 77057

MONTGOMERY COUNTY TAX OFFICE
400 N. San Jacinto St
Conroe, Texas 77301

NEWAY CNC
9757 Stafford Centre Drive
Stafford, TX 77477

PIQ MACHINE LLC
22800 Gabriel
New Caney, Texas 77357

REPUBLIC SERVICES
149 INDUSTRIAL CT
CONROE, TEXAS 77301

REX SUPPLY CO.
P O Box 670587
Detroit, MI 48267

SEALS AND PACKINGS, INC.
P O Box 6678075
Dallas, TX 75267

SECURITIES AND EXCHANGE
Fort Worth Regional Office
Burnett Plaza, Suite 1900
801 Cherry Street Unit 18
Fort Worth, TX 76102

SMALLEY STEEL RING COMPANY
555 Oakwood Rd
Lake Zurich, IL 60047

STRATASYS INC
7665 COMMERCE WAY
Eden Prairie, MN 55344

TRADER PROPERTIES
5305 Allard Way
Edmonton AB TGH-5X8

TRADER PROPERTIES
2600 South Gessner Rd., Ste 100
Houston, Texas 77063

TRAVIS L. PETERSON
13081 Royal Lake Dr.
Conroe, TX 77303

ZACHARY MCKAY
17171 Park Row, Suite 160
Houston, Texas 77084