

**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 The Greek Bros., Inc.

2. All other names debtor used in the last 8 years aka Greek Bros. Oyster Bar & Steakhouse; aka Greek's 205; aka Greek 205 Bar; aka Greek Brothers Oyster Bar Steakhouse; aka Greek Brothers Bar & Grill; aka Greek Bros. Oyster Bar & Saloon; aka Greek 205 Bar & Grill; aka Greek Bros. Oyster Bar & Grill

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

3. Debtor's federal Employer Identification Number (EIN) 7 4 - 2 3 7 6 8 4 6

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

133 S. Mechanic St.  
 Number Street

6043 Country Club Dr.  
 Number Street

P.O. Box

El Campo TX 77437  
 City State ZIP Code

Victoria TX 77904  
 City State ZIP Code

Victoria  
 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 The Greek Bros., Inc.

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

**7. Describe debtor's business**

A. Check one:

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

B. Check all that apply:

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

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

\_\_\_\_\_

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

Check one:

- Chapter 7
- Chapter 9
- Chapter 11.

Check all that apply:

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

Chapter 12

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

No

- Yes. 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 The Greek Bros., Inc. 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

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

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

**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?** 133 S. Mechanic, El Campo, TX 77437 and  
 Number Street  
205 E. Constitution, Victoria, TX 77901  
 \_\_\_\_\_  
 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 The Greek Bros., Inc. Case number (if known) \_\_\_\_\_

- 14. Estimated number of creditors**
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |
- 15. Estimated assets**
- |  |  |  |
|--|--|--|
| <input checked="" 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 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        |

**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 03/09/2017  
MM / DD / YYYY

**X /s/ George Charkalis** \_\_\_\_\_ **George Charkalis** \_\_\_\_\_  
Signature of authorized representative of debtor Printed name  
Title **President** \_\_\_\_\_

**18. Signature of attorney** **X /s/ Pamela L. Stewart** \_\_\_\_\_ Date **03/09/2017**  
Signature of attorney for debtor MM / DD / YYYY

**Pamela L. Stewart** \_\_\_\_\_  
Printed name  
**Law Offices of Pamela L. Stewart** \_\_\_\_\_  
Firm name  
**4635 Southwest Freeway** \_\_\_\_\_  
Number Street  
**Suite 610** \_\_\_\_\_

**Houston** \_\_\_\_\_ **TX** \_\_\_\_\_ **77027** \_\_\_\_\_  
City State ZIP Code

**(713) 622-3893** \_\_\_\_\_ **PAM@plstewart.com** \_\_\_\_\_  
Contact phone Email address  
**19218100** \_\_\_\_\_ **TX** \_\_\_\_\_  
Bar number State

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

Debtor name The Greek Bros., Inc.

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
---	--

<p><b>2.1</b> Creditor's name <u>First State Bank of Louise</u></p> <p>Creditor's mailing address <u>206 N. North S</u></p> <p><u>Louise TX 77455</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</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>building and land</u></p> <p>Describe the lien <u>Deed of Trust / Agreement</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>	<p><u>\$170,000.00</u></p>	<p><u>\$399,123.00</u></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.**

\$487,374.76

Debtor The Greek Bros., Inc.

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

**Part 1: Additional Page**

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

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

<b>2.2</b>	<b>Creditor's name</b> <b>Funderz Net, LLC, Empire Funding</b>	<b>Describe debtor's property that is subject to a lien</b> <b>loan</b>	<b>\$16,000.00</b>	<b>\$0.00</b>
	<b>Creditor's mailing address</b> <b>113 Nassau St. Suite 31c</b>	<b>Describe the lien</b> <b>Agreement / Judgment Lien</b>		
	<b>New York NY 10038</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b>	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

<b>2.3</b>	<b>Creditor's name</b> <b>Joseph &amp; Sandra Garcia</b>	<b>Describe debtor's property that is subject to a lien</b> <b>non-exempt property</b>	<b>\$275,000.00</b>	<b>\$0.00</b>
	<b>Creditor's mailing address</b> <b>c/o Marek, Griffin &amp; Knaupp</b>	<b>Describe the lien</b> <b>judgment</b>		
	<b>PO Box 2329</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Victoria TX 77902</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Creditor's email address, if known</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	<b>Date debt was incurred</b>	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
	<b>Last 4 digits of account number</b>			

Debtor The Greek Bros., Inc.

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

**Part 1: Additional Page**

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

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

<b>2.4</b>	<b>Creditor's name</b> <u>Razor LLC</u>	<b>Describe debtor's property that is subject to a lien</b> <u>past due rent</u>	<b>\$10,774.00</b>	<b>\$10,774.00</b>
	<b>Creditor's mailing address</b> <u>Lee R. Ferguson</u> <u>204 N. Liberty</u>	<b>Describe the lien</b> <u>Agreement</u>		
	<u>Victoria TX 77901</u>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b> _____	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b> _____	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

<b>2.5</b>	<b>Creditor's name</b> <u>Victoria County Tax Office</u>	<b>Describe debtor's property that is subject to a lien</b> <u>business property</u>	<b>\$1,584.93</b>	<b>\$5,000.00</b>
	<b>Creditor's mailing address</b> <u>205 N. Bridge St., Ste 101</u> <u>PO Box 2569</u>	<b>Describe the lien</b> <u>Property Taxes</u>		
	<u>Victoria TX 77902</u>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b> _____	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b> <u>2 2 1 5</u>	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

Debtor The Greek Bros., Inc.

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

**Part 1: Additional Page**

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

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

<b>2.6</b>	<b>Creditor's name</b> Wharton County Tax Assessor	<b>Describe debtor's property that is subject to a lien</b> business property	<b>\$909.88</b>	<b>\$2,500.00</b>
	<b>Creditor's mailing address</b> PO Box 189	<b>Describe the lien</b> Statutory Lien (Property Taxes)		
	Wharton TX 77488	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b> 6 0 1 6	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

<b>2.7</b>	<b>Creditor's name</b> Wharton County Tax Assessor	<b>Describe debtor's property that is subject to a lien</b> 133 S. Mechanic	<b>\$8,528.85</b>	<b>\$0.00</b>
	<b>Creditor's mailing address</b> PO Box 189	<b>Describe the lien</b> Statutory Lien (Property Taxes)		
	Wharton TX 77488	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b> 4 0 3 3	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		



Debtor The Greek Bros., Inc.

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

**Part 1: Additional Page**

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
--	--

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

<b>2.8</b>	<b>Creditor's name</b> Wharton County Tax Assessor	<b>Describe debtor's property that is subject to a lien</b> business property	<b>\$2,578.57</b>	<b>\$0.00</b>
	<b>Creditor's mailing address</b> PO Box 189	<b>Describe the lien</b> Statutory Lien (Property Taxes)		
	Wharton TX 77488	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b> 3 3 8 4	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

<b>2.9</b>	<b>Creditor's name</b> Wharton County Tax Assessor	<b>Describe debtor's property that is subject to a lien</b> 133 S. Mechanic	<b>\$1,998.53</b>	<b>\$0.00</b>
	<b>Creditor's mailing address</b> PO Box 189	<b>Describe the lien</b> Statutory Lien (Property Taxes)		
	Wharton TX 77488	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b> 4 0 3 5	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		

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

Debtor The Greek Bros., Inc.

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

<b>2.1</b>	Priority 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>Unknown</u>
	<u>Comptroller of Public Accounts</u>	<input type="checkbox"/> Contingent		
	<u>PO Box 149354</u>	<input type="checkbox"/> Unliquidated		
	_____	<input type="checkbox"/> Disputed		
	<u>Austin TX 78714-9354</u>	Basis for the claim:		
	Date or dates debt was incurred _____	<u>Sales Tax</u>		
	Last 4 digits of account number _____	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		

<b>2.2</b>	Priority 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>Unknown</u>
	<u>Comptroller of Public Accounts</u>	<input type="checkbox"/> Contingent		
	<u>PO Box 149354</u>	<input type="checkbox"/> Unliquidated		
	_____	<input type="checkbox"/> Disputed		
	<u>Austin TX 78714-9354</u>	Basis for the claim:		
	Date or dates debt was incurred _____	<u>Liquor Sales Tax</u>		
	Last 4 digits of account number _____	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( <u>8</u> )	<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		

Debtor The Greek Bros., Inc. 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 Unknown Priority amount Unknown

**2.3** Priority creditor's name and mailing address

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

Internal Revenue Service  
Special Procedures Branch  
300 E. 8th Street Mail Stop 5026 AUS

- Contingent
- Unliquidated
- Disputed

Austin TX 78701

Basis for the claim:

941 Taxes

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 2 9 6 6

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

**2.4** Priority creditor's name and mailing address

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

Internal Revenue Service  
Special Procedures Branch  
300 E. 8th Street Mail Stop 5026 AUS

- Contingent
- Unliquidated
- Disputed

Austin TX 78701

Basis for the claim:

940 Taxes

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 3 9 6 6

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

**2.5** Priority creditor's name and mailing address

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

Internal Revenue Service  
Special Procedures Branch  
300 E. 8th Street Mail Stop 5026 AUS

- Contingent
- Unliquidated
- Disputed

Austin TX 78701

Basis for the claim:

Taxes

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 2 9 6 6

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

Debtor The Greek Bros., Inc. 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><b>2.6</b> Priority creditor's name and mailing address</p> <p><u>Law Offices of Pamela L. Stewart</u></p> <p><u>4635 Southwest Freeway</u></p> <p><u>Suite 610</u></p> <p><u>Houston TX 77027</u></p> <p>Date or dates debt was incurred <u>03/09/2017</u></p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( _____ ) <b>Attorney Fees</b></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><b>Basis for the claim:</b> <u>Attorney Fees</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>\$15,000.00</u></p> <p><u>\$15,000.00</u></p>
--	---	---

<p><b>2.7</b> Priority creditor's name and mailing address</p> <p><u>Texas Workforce Commission</u></p> <p><u>TWC Revenue &amp; Trust Management</u></p> <p><u>PO Box 149352</u></p> <p><u>Austin TX 78714-9352</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><b>Basis for the claim:</b> <u>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>Unknown</u></p> <p><u>Unknown</u></p>
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Debtor The Greek Bros., Inc. 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.

Amount of claim

<b>3.1</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$4,525.00</u>
	<u>Advocate Digital Media</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 1518</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Victoria TX 77902</u>	<b>Basis for the claim:</b> <u>Unknown</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>2 9 0 4</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.2</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,600.77</u>
	<u>ASCAP Music License</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 331608</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Nashville TN 37203-7515</u>	<b>Basis for the claim:</b> <u>Music</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>8 5 1 0</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.3</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,482.68</u>
	<u>ASCAP Music License</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 331608</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Nashville TN 37203-7515</u>	<b>Basis for the claim:</b> <u>Music</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>8 5 1 3</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.4</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$751.33</u>
	<u>Best Buy Credit Services</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 790441</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>St. Louis MO 63179</u>	<b>Basis for the claim:</b> <u>Misc.</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor The Greek Bros., Inc. Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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

Amount of claim

<b>3.5</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,954.54</u>
	<u>BMI Music License</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 630893</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Cincinnati OH 45263-0893</u>	<b>Basis for the claim:</b>	
		<u>Music</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>3 1 9 4</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.6</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$10,000.00</u>
	<u>Canary Business Funding</u>	<input type="checkbox"/> Contingent	
	<u>3023 Ave J</u>	<input type="checkbox"/> Unliquidated	
	_____	<input checked="" type="checkbox"/> Disputed	
	<u>Brooklyn NY 11210</u>	<b>Basis for the claim:</b>	
		<u>Loan</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>— — — —</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.7</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$11,839.61</u>
	<u>Cannell Air Conditioning</u>	<input type="checkbox"/> Contingent	
	<u>1006 E. Jackson</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>El Campo TX 77437</u>	<b>Basis for the claim:</b>	
		<u>Repairs</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>— — — —</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.8</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$2,159.65</u>
	<u>Eco Lab</u>	<input type="checkbox"/> Contingent	
	<u>26252 Network Place</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Chicago IL 60673-1262</u>	<b>Basis for the claim:</b>	
		<u>Unknown</u>	
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>6 6 4 1</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor The Greek Bros., Inc. Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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

Amount of claim

<b>3.9</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$6,708.10</u>
	<u>El Campo Refrigeration</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 1645</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>El Campo TX 77437</u>	Basis for the claim:	
	Date or dates debt was incurred _____	<u>El Campo</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.10</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,404.39</u>
	<u>El Campo Refrigeration</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 1645</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>El Campo TX 77437</u>	Basis for the claim:	
	Date or dates debt was incurred _____	<u>Victoria</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.11</b>	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>Express Working Capital, LLC</u>	<input type="checkbox"/> Contingent	
	<u>545 E. John Carpenter Freeway, #670</u>	<input type="checkbox"/> Unliquidated	
	_____	<input checked="" type="checkbox"/> Disputed	
	<u>Irving TX 75062</u>	Basis for the claim:	
	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	

<b>3.12</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$3,890.00</u>
	<u>Germania Farm Mutual</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 1400</u>	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	<u>Brenham TX 77834-1400</u>	Basis for the claim:	
	Date or dates debt was incurred _____	<u>Insurance</u>	
	Last 4 digits of account number <u>6 2 9 2</u>	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor The Greek Bros., Inc. Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<b>3.13</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$20,675.33</u>
	<u>Gordons Food Service</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 2244</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Grand Rapids MI 49501-2244</u>	<u>Food supplies - El Campo</u>	
	Date or dates debt was incurred	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>3 8 2 9</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.14</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$12,361.24</u>
	<u>Gordons Food Service</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 2244</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Grand Rapids MI 49501-2244</u>	<u>Food supplies - Victoria</u>	
	Date or dates debt was incurred	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>3 8 3 0</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.15</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$104,805.00</u>
	<u>GRP Funding</u>	<input type="checkbox"/> Contingent	
	<u>1350 Main Street</u>	<input type="checkbox"/> Unliquidated	
	<u>Springfield, MA 031103</u>	<input checked="" type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Loan</u>	
	Date or dates debt was incurred	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>6 5 6 9</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<b>El Campo location</b>		

<b>3.16</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$153,395.00</u>
	<u>GRP Funding</u>	<input type="checkbox"/> Contingent	
	<u>1350 Main Street</u>	<input type="checkbox"/> Unliquidated	
	<u>Springfield, MA 031103</u>	<input checked="" type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
		<u>Loan</u>	
	Date or dates debt was incurred	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>6 4 7 9</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
	<b>Victoria Location</b>		



Debtor The Greek Bros., Inc. Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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Amount of claim

<b>3.17</b>	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>Kingsbridge Holding, LLC</u>	<input type="checkbox"/> Contingent	
	<u>c/o John Mayer</u>	<input type="checkbox"/> Unliquidated	
	<u>Ross Banks May Cron &amp; Cavin, PC</u>	<input type="checkbox"/> Disputed	
	<u>7700 San Felipe, Suite 550</u>	Basis for the claim:	
	<u>Houston TX 77063</u>	<u>judgment</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	

<b>3.18</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$32,025.42</u>
	<u>Kingsbridge Holdings, LLC</u>	<input type="checkbox"/> Contingent	
	<u>c/o Thomas R. Mulally</u>	<input type="checkbox"/> Unliquidated	
	<u>14156 Magnolia Blvd., Suite 200</u>	<input type="checkbox"/> Disputed	
	<u>Sherman Oaks CA 91423</u>	Basis for the claim:	
	Date or dates debt was incurred _____	<u>judgment</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.19</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,605.33</u>
	<u>SESAC Music License</u>	<input type="checkbox"/> Contingent	
	<u>55 Music Square East</u>	<input type="checkbox"/> Unliquidated	
	<u>Nashville TN 37203</u>	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred _____	Basis for the claim:	
	Last 4 digits of account number <u>4 4 8 0</u>	<u>Music</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.20</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$850.92</u>
	<u>SESAC Music License</u>	<input type="checkbox"/> Contingent	
	<u>55 Music Square East</u>	<input type="checkbox"/> Unliquidated	
	<u>Nashville TN 37203</u>	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred _____	Basis for the claim:	
	Last 4 digits of account number <u>2 2 8 3</u>	<u>Music</u>	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor The Greek Bros., Inc.

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

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address <u>Terminix</u> <u>PO Box 505</u>  <u>Linden</u> <u>MI</u> <u>48451-0505</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>5</u> <u>7</u> <u>7</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>Pest</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,079.82</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address <u>The Computer Store</u> <u>119 North Mechanic St.</u>  <u>El Campo</u> <u>TX</u> <u>77437</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>5</u> <u>8</u> <u>3</u> <u>8</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>Misc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$925.12</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> Nonpriority creditor's name and mailing address <u>Triton WC Victoria, LTD</u> <u>Attn: Robert E. Morrison</u> <u>2414 No. Akard Street # 500</u>  <u>Dallas</u> <u>TX</u> <u>75201</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>m</u> <u>e</u> <u>n</u> <u>t</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>judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> Nonpriority creditor's name and mailing address <u>US Food Service</u> <u>9399 West Higgins Rd. Suite 500</u>  <u>Rosemont</u> <u>IL</u> <u>60018</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>3</u> <u>9</u> <u>1</u> <u>2</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>Food supplies - Victoria</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,300.36</u>

Debtor The Greek Bros., Inc. Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

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

Amount of claim

<b>3.25</b>	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$1,568.46</u>
	<u>US Premium Finance</u>	<input type="checkbox"/> Contingent	
	<u>280 Technology Parkway, Suite 200</u>	<input type="checkbox"/> Unliquidated	
	_____	<input checked="" type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	<u>Norcross</u> <u>GA</u> <u>30092</u>	<u>Loan</u>	
	Date or dates debt was incurred _____	Is the claim subject to offset?	
	Last 4 digits of account number <u>4</u> <u>4</u> <u>1</u> <u>7</u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

<b>3.26</b>	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>Yellowstone Capital, LLC</u>	<input type="checkbox"/> Contingent	
	<u>One Evertrust Plaza, Ste 1401</u>	<input type="checkbox"/> Unliquidated	
	_____	<input checked="" type="checkbox"/> Disputed	
	_____	Basis for the claim:	
	<u>Jersey City</u> <u>NJ</u> <u>07302</u>	<u>Loan</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 The Greek Bros., Inc. 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>Howard Marek</u> <u>Marek, Griffin &amp; Knaupp</u> <u>PO Box 2329</u>  <u>Victoria TX 77902</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
4.2 <u>James G. Rea/Thomas Whelan</u> <u>McGuire, Craddock &amp; Strother, PC</u> <u>2501 Harwood St., #1800</u>  <u>Dallas TX 75201</u> Triton WC Victoria, LTD.	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
4.3 <u>John Mayer</u> <u>Ross, Banks, May, Cron, &amp; Cavin, P.C.</u> <u>7700 San Felipe, Suite 550</u>  <u>Houston TX 77063</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	<u>  i  n  g  s</u>
4.4 <u>Thomas R. Mulally</u> <u>Spencer &amp; Mulally</u> <u>14156 Magnolia Blvd. Suite 200</u>  <u>Sherman Oaks CA 91423</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____

Debtor The Greek Bros., Inc. 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>\$15,000.00</u>
5b. Total claims from Part 2	5b. +	<u>\$439,908.07</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<div style="border: 2px solid black; padding: 2px;"><u>\$454,908.07</u></div>