

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District Of WashingtonCase number (if known): _____ Chapter 11☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

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 Stampede Forest Products, Inc.

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

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

3. Debtor's federal Employer Identification Number (EIN) 4 6 - 4 3 3 7 9 3 0

4. Debtor's address

Principal place of business

1100 8th Avenue East - B

Number Street

Omak

City

WA

State

98841

ZIP Code

Mailing address, if different from principal place of business

Number Street

PO Box 3126

P.O. Box

Omak

City

WA

State

98841

ZIP Code

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

Number Street

City

State

ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

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

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/>.3 2 1 9

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 \$2,490,925 (amount subject to adjustment on 4/01/16 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

If more than 2 cases, attach a separate list.

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 _____
MM / DD / YYYY

Case number, if known _____

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.

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 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 checked="" 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 |

Debtor

Stampede Forest Products, Inc.

Name

Case number (if known)

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 12/17/2015
MM / DD / YYYY

Xs/Terry Johnson

Signature of authorized representative of debtor

Terry Johnson

Printed name

Title President

18. Signature of attorney

Xs/Kevin O'Rourke

Signature of attorney for debtor

Date

12/17/2015

MM / DD / YYYY

Kevin O'Rourke

Printed name

Southwell & O'Rourke, P.S.

Firm name

421 W. Riverside Avenue, Suite 960

Number Street

Spokane

City

WA
State99201
ZIP Code(509) 624-0159

Contact phone

Email address

28912

Bar number

WA
State

United States Bankruptcy Court

EASTERN DISTRICT OF WASHINGTON

In re Stampede Forest Products, Inc.,

Debtor

Case No. _____

Chapter 11

Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is N/A.

2. The following financial data is the latest available information and refers to the debtor's condition on .

a. Total assets \$ 177,852.92

b. Total debts (including debts listed in 2.c., below) \$ 722,799.19

c. Debt securities held by more than 500 holders:

Approximate
number of
holders:

d. Number of shares of preferred stock 0 0

e. Number of shares common stock 50,000 3

Comments, if any:

3. Brief description of debtor's business: Maunfacturing of pallet boards and pallets.

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor: Terry Johnson, Shareholder 45%, John Boyer, Shareholder 45%, and Ted Skinner, Shareholder 10%

**United States Bankruptcy Court
Eastern District of Washington**

In re: STAMPEDE FOREST PRODUCTS, INC.

Case No. _____
Chapter 11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

We, Terry Johnson, John Boyer, and Ted Skinner, declare under penalty of perjury that we are the sole officers and directors of Stampede Forest Products, Inc., a Corporation and that on December ____, 2015, the following resolution was duly adopted by the Board of Directors of this Corporation:

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

Be It Therefore Resolved, that Terry Johnson, President of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 11 voluntary bankruptcy case on behalf of the Corporation; and

Be It Further Resolved, that, Terry Johnson, President of this Corporation, is authorized and directed in all bankruptcy proceedings on behalf of the Corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Corporation in connection with such bankruptcy case; and

Be It Further Resolved, that, Terry Johnson, President of this Corporation, is authorized and directed to employ Southwell & O'Rourke, P.S. to represent the Corporation in such bankruptcy case."

Executed on: _____

Signed:  12-17-15
TERRY JOHNSON, President

Signed: 
JOHN BOYER, Vice President

Signed: 
TED SKINNER, Secretary/Treasurer

UNITED STATES BANKRUPTCY COURT
Eastern District of Washington

In re: **Stampede Forest Products, Inc.**

Debtors

Case No. _____

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: **December 17, 2015**

Signed: **s/Terry Johnson**

Dated: _____

Signed: _____

KEVIN O'ROURKE
421 W. RIVERSIDE AVENUE, SUITE 960
SPOKANE, WA 99201

STAMPEDE FOREST PRODUCTS, INC.
1100 8TH AVENUE EAST - B
OMAK, WA 98841

ARMSTRONG INDUSTRIAL, INC.
2011 KINGWOOD AVENUE
REDMOND, OR 97756

CENTRAL OREGON TRUCK LOGISTICS
C/O DASEKE, INC.
PO BOX 31001-2101
PASADENA, CA 91110

CENTRAL SAW WORKS
410 N. FREYA STREET
SPOKANE, WA 99202

COLVILLE FEDERATED TRIBAL ENTERPRISE CORPORATION
550 BIRCH STREET, SUITE 4
COULEE DAM, WA 99116

DIAMOND FOREST PRODUCTS
41088 SCHINDLER BRIDGE
SCIO, OR 97374

DIEBELS WELDING & MACHINE, INC.
(SPANKY'S PARTS & PATRIOT STEEL)
PO 2254 ELMWAY
OKANOGAN, WA 98840

DON KRUSE ELECTRIC
PO BOX 2088
OMAK, WA 98841

DOUG JOHNSON TRUCKING
PO BOX 4
TONASKET, WA 98855

FASTENAL
PO BOX 1286
WINONA, MN 55987

FERRELLGAS
PO BOX 173940
DENVER, CO 80217

HUBBARD TRANSPORT, LLC
PO BOX 3274
OMAK, WA 98841

IDEAL DIESEL SALES
3904 TERRACE HEIGHTS DRIVE B-63
YAKIMA, WA 98901

JASON PETERS
ANDREWS KURTH, LLP
600 TRAVIS, SUITE 4200
HOUSTON, TX 77002

JOHN BOYER
41088 SCHINDLER BRIDGE
SCIO, OR 97374

JOHN KAPLAN
PERKINS COIE, LLP
1201 THIRD AVENUE, SUITE 4900
SEATTLE, WA 98101-3099

K&N ELECTRIC MOTORS
415 N. FANCHER ROAD
SPOKANE VALLEY, WA 98901

LES SCHWAB TIRE CENTERS OF WASHINGTON, INC.
712 OKOMA DRIVE
OMAK, WA 98841

MID-WILLAMETTE LUMBER PRODUCTS, INC.
38054 JEFFERSON SCIO DRIVE
SCIO, OR 97374

MID-WILLAMETTE LUMBER PRODUCTS, INC.
38054 JEFFERSON SCIO DRIVE
SCIO, OR 97374

MISSOULA SAWS
PO BOX 16005
MISSOULA, MT 59808

MOTION AUTO SUPPLY
PO BOX 2200
SPOKANE, WA 99210

MULTIFAB
3808 N. SULLIVAN ROAD-BLDG #6
SPOKANE VALLEY, WA 99216

OASIS TRUCKING
1420 EAST FERN STREET
OTHELLO, WA 99344

OKANOGAN PUD
18 1ST AVENUE WEST
OMAK, WA 98841

OKANOGAN TRUCK & TRAILER
PO BOX 903
OKANOGAN, WA 98840

OMAK WOOD PRODUCTS, LLC
C/O ATLAS HOLDINGS, LLC
100 NORTHFIELD STREET
GREENWICH, CT 00683

OMAK WOOD PRODUCTS, LLC
1100 EIGHTH AVENUE EAST
OMAK, WA 98841

ORE-PAC
15120 E. EUCLID STREET
SPOKANE, WA 99126

OXARC
PO BOX 2605
SPOKANE, WA 99220

PEG R. CALLAWAY
CALLAWAY & DETRO, PLLC
700A OKOMA DRIVE
OMAK, WA 98841-9593

ROGER'S MACHINERY CO., INC.
PO BOX 230429
PORTLAND, OR 97224

SCHMITT ELECTRIC
PO BOX 2093
WENATCHEE, WA 98807

STORM TRANSPORT
PO BOX 71
RIVERSIDE, WA 98848

SWANSON HAY
5010 N. FLORIDA
SPOKANE, WA 99217

SWIFT TRANSPORTATION
PO BOX 643985
PITTSBURGH, PA

TED AND NANCY SKINNER
661 PARKSIDE DR.
MILL CITY, OR 97360

TERRY AND DONNA JOHNSON
41420 MILES CRESTON ROAD
DAVENPORT, WA 99122

WCLIB
PO BOX 23145
PORTLAND, OR 97281

United States Bankruptcy Court
EASTERN DISTRICT OF WASHINGTON

In re
Stampede Forest Products, Inc.

Case No. _____

Debtor

Chapter **11** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

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

For legal services, I have agreed to accept \$ * _____

Prior to the filing of this statement I have received \$ * _____

Balance Due \$ * _____

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

☒ Debtor ☐ Other (specify)

*\$5,740.60 received for pre-petition services and costs,
plus \$1,717.00 filing fee. \$3,445.70 held in Pool Trust.
\$300.00 per hour for Kevin O'Rourke, plus costs.
\$400.00 per hour for Dan O'Rourke, plus costs.

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

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

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

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

- d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
- e. [Other provisions as needed]

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

Set forth in Bankruptcy Fee Agreement

CERTIFICATION

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

December 17, 2015

Date

s/Kevin O'Rourke

Signature of Attorney

Southwell & O'Rourke, P.S.

Name of law firm

Fill in this information to identify the case:

Debtor name Stampede Forest Products, Inc.
United States Bankruptcy Court for the: Eastern District of Washington
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 207**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

12/15

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

Part 1: Income**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2015</u> MM / DD / YYYY	to Filing date	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>1,606,190.00</u>
For prior year:	From <u>01/01/2014</u> MM / DD / YYYY	to <u>12/31/2014</u> MM / DD / YYYY	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>2,006,096.00</u>
For the year before that:	From <u>01/01/2013</u> MM / DD / YYYY	to <u>12/31/2013</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>0.00</u>

2. Non-business revenue

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

☒ None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From _____ MM / DD / YYYY	to Filing date	_____	\$ _____
For prior year:	From _____ MM / DD / YYYY	to _____ MM / DD / YYYY	_____	\$ _____
For the year before that:	From _____ MM / DD / YYYY	to _____ MM / DD / YYYY	_____	\$ _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. TDJ, Inc. Creditor's name Street City State ZIP Code	 	\$0.00	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>See Attachment 1</u>
3.2. Omak Wood Products, Inc. Creditor's name Street City State ZIP Code	 	\$99,555.35 ⁺	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>See Attachment 2</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name Street City State ZIP Code Relationship to debtor	 	\$	
4.2. Insider's name Street City State ZIP Code Relationship to debtor	 	\$	

5. Repossessions, foreclosures, and returns

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

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.				\$ _____
	Creditor's name _____	_____	_____	
	Street _____	_____		
	_____	_____		
	City _____ State _____ ZIP Code _____			
5.1.				\$ _____
	Creditor's name _____	_____	_____	
	Street _____	_____		
	_____	_____		
	City _____ State _____ ZIP Code _____			

6. Setoffs

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

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
			\$ _____
Creditor's name _____	_____	_____	
Street _____	_____		

City _____ State _____ ZIP Code _____	Last 4 digits of account number: XXXX- ____ _		

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

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

☐ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	See Attachment 3		See Attachment 3	<input checked="" type="checkbox"/> Pending
	Case number		Name	<input type="checkbox"/> On appeal
	15-2-00446-0		Street	<input type="checkbox"/> Concluded
	Case title		City _____ State _____ ZIP Code _____	
7.2.			Court or agency's name and address	<input type="checkbox"/> Pending
	Case number		Name	<input type="checkbox"/> On appeal
			Street	<input type="checkbox"/> Concluded
			City _____ State _____ ZIP Code _____	

8. Assignments and receivership

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

☒ None

Custodian's name and address	Description of the property	Value
_____ Custodian's name	_____	\$ _____
_____ Street	Case title	Court name and address
_____ City State ZIP Code	_____	_____ Name
	Case number	_____ Street
	_____	_____
	Date of order or assignment	_____ City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____ Recipient's name	_____	_____	\$ _____
_____ Street	_____		
_____ City State ZIP Code			
Recipient's relationship to debtor			

9.2. _____ Recipient's name	_____	_____	\$ _____
_____ Street	_____		
_____ City State ZIP Code			
Recipient's relationship to debtor			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

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

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

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

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<u>Southwell & O'Rourke, P.S.</u> Address <u>421 W. Riverside Avenue, Suite 960</u> Street <u>Spokane</u> <u>WA</u> <u>99201</u> City State ZIP Code Email or website address <u>kevin@southwellorourke.com</u> Who made the payment, if not debtor? _____	<u>See 2016 Disclosure</u> _____ _____	_____ _____ _____	\$ _____ _____ _____

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____ Address _____ Street _____ City State ZIP Code Email or website address _____ Who made the payment, if not debtor? _____	_____ _____ _____	_____ _____ _____	\$ _____ _____ _____

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

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

Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____ Trustee _____	_____ _____	_____ _____	\$ _____ _____

13. Transfers not already listed on this statement

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

☐ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. <u>Omak Wood Products, LLC</u>	<u>On or about beginning 2015, Debtor paid to</u>	_____	\$ _____
Address <u>1100 Eighth Avenue East</u> Street <u>Omak</u> <u>WA</u> <u>98841</u> City State ZIP Code		<u>See Attachment 4</u>	
Relationship to debtor _____			
13.2. <u>TDJ, Inc.</u>	<u>Numerous short term loans from TDJ, Inc. to</u>	<u>See Attachment 5</u>	<u>\$ 22,599.16</u>
Address _____ Street _____ City State ZIP Code		<u>See Attachment 5</u>	
Relationship to debtor _____			

Part 7: Previous Locations**14. Previous addresses**

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

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____ Street _____ City State ZIP Code	_____	_____
14.2. _____ Street _____ City State ZIP Code	_____	_____

Part 8: Healthcare Bankruptcies**15. Healthcare bankruptcies**

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

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

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

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. _____
Facility name _____

Street _____

City _____ State _____ ZIP Code _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____

How are records kept?
Check all that apply:
☐ Electronically
☐ Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. _____
Facility name _____

Street _____

City _____ State _____ ZIP Code _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____

How are records kept?
Check all that apply:
☐ Electronically
☐ Paper

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

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained. _____
Does the debtor have a privacy policy about that information?
☐ No
☐ Yes

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

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?
☐ No. Go to Part 10.
☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
--------------	--

EIN: ____ - ____ - ____ - ____ - ____

Has the plan been terminated?

- ☐ No
☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$ _____
18.2.	<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$ _____

19. Safe deposit boxes

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

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	<div>_____</div> <div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div> <div>_____</div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<div>Address</div> <div>_____</div> <div>_____</div>			

20. Off-premises storage

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

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	<div>_____</div> <div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div> <div>_____</div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<div>Address</div> <div>_____</div> <div>_____</div>			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

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

 None

Owner's name and address	Location of the property	Description of the property	Value
<div>John Boyer</div> <div>Name</div> <div>41088 Schindler Bridge</div> <div>Street</div> <div> <div>Scio</div> <div>City</div> </div> <div> <div>OR</div> <div>State</div> </div> <div> <div>97374</div> <div>ZIP Code</div> </div>	<div>Business Premises</div> <div></div> <div></div>	<div>Equipment</div> <div></div> <div></div>	<div>\$ 400,000.00</div>

Part 12: Details About Environmental Information

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

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium)
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

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

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

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div><input type="checkbox"/> Pending</div><div><input type="checkbox"/> On appeal</div><div><input type="checkbox"/> Concluded</div></div>
Case number	Name		
	Street		
	City	State	ZIP Code

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

☒ No

☐ Yes. Provide details below.

Site name and address			Governmental unit name and address			Environmental law, if known	Date of notice
Name			Name				
Street			Street				
City	State	ZIP Code	City	State	ZIP Code		

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

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

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

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

- ☒ None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From ____ To ____
25.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From ____ To ____
25.3.	Name _____ Street _____ City _____ State _____ ZIP Code _____	_____ _____ _____	EIN: ____ - ____ - ____ Dates business existed From ____ To ____

26. Books, records, and financial statements

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

☐ None**Name and address****Dates of service**26a.1. Chris Jenness, Leffel Otis & Warwick

Name

PO Box 129

Street

Davenport

City

WA

State

99122

ZIP Code

From _____ To _____

Name and address**Dates of service**

26a.2.

Name

Street

City

State

ZIP Code

From _____ To _____

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

☒ None**Name and address****Dates of service**

26b.1.

Name

Street

City

State

ZIP Code

From _____ To _____

Name and address**Dates of service**

26b.2.

Name

Street

City

State

ZIP Code

From _____ To _____

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

☐ None**Name and address****If any books of account and records are unavailable, explain why**26c.1. Leffel Otis & Warwick

Name

PO Box 129

Street

Davenport

City

WA

State

99122

ZIP Code

Debtor Stampede Forest Products, Inc.
Name

Case number (if known) _____

Name and address

If any books of account and records are unavailable, explain why

26c.2. Debtor
Name
PO Box 3126
Street

Omak WA 98841
City State ZIP Code

See Attachment 6

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

☒ None

Name and address

26d.2. Name
Street

City State ZIP Code

Name and address

26d.2. Name
Street

City State ZIP Code

27. Inventories

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

☐ No

☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

Terry Johnson \$ 82,932.00

Name and address of the person who has possession of inventory records

27.1. Terry Johnson
Name
41420 Miles Creston Road
Street

Davenport WA 99122
City State ZIP Code

Debtor Stampede Forest Products, Inc.
Name

Case number (if known) _____

Name of the person who supervised the taking of the inventory

Date of
inventory

The dollar amount and basis (cost, market, or
other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name

Street

City

State

ZIP Code

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

Name	Address	Position and nature of any interest	% of interest, if any
Terry Johnson	See Attachment 7	President - Shareholder	45
John Buyer	41088 Schindler Bridge, Scio, OR 97374	Vice President - Shareholder	45
Ted Skinner	661 Parkside Drive, Mill City, OR 97360	See Attachment 8	10

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

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From ____ To ____
			From ____ To ____
			From ____ To ____
			From ____ To ____

30. Payments, distributions, or withdrawals credited or given to insiders

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

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. John Boyer Name 41088 Schindler Bridge Street Scio OR 97374 City State ZIP Code	\$18,000.00 total	January - August, 2015	See Attachment
Relationship to debtor Vice President			

Name and address of recipient

\$9,000.00 total

May -

See Attachment 10

Terry Johnson

Name

August, 2015

41420 Miles Creston

Street

Davenport

WA

99122

City

State

ZIP Code

Relationship to debtor

President

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

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____ - _____

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

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____ - _____

Part 14: Signature and Declaration

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

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

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

Executed on 12/17/2015
MM / DD / YYYY

X

s/Terry Johnson

Printed name Terry Johnson

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

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

☐ No

☐ Yes

Attachment
Debtor: Stampede Forest Products, Inc. Case No:

Attachment 1

TDJ, Inc. lent Debtor \$3,000.00 on 10/14/2015, \$3,500.00 on 10/21/2015, and \$1,050.00 on 12/10/2015. Debtor repaid TDJ, Inc. \$6,500.00 on 10/22/2015 and \$1,050.00 on 12/10/2015.

Attachment 2

\$99,655.35 plus runners and shavings at \$8,000.00 per month (\$24,000.00 in the last 90 days). Amount still owing \$400,000.00.

Attachment 3

Omak Wood Products, LLC v. Stampede Forest Products, Inc., et. al.

Attachment 3

Okanogan County Superior Court, State of Washington, Case No. 15-2-00446-0. Suit filed and served. Answer filed and served. No judgment.

Attachment 4

Omak Wood Products the sum of \$39,000.00 on obligation owed by Mid-Willamette Lumber Products, Inc. to Omak Wood Products, Inc.

Attachment 5

Debtor. Based upon repayments, TDJ, Inc. loaned additional monies to Debtor

Attachment 5

12/15/2014 to 10/26/2015

Attachment 6 Additional Firms or Individuals in Possession of Debtor's Books and Records:

Name: Terry Johnson

Address: PO Box 3126, Omak, WA 98841

Attachment 7

41420 Miles Creston Road, Davenport, WA 99122

Attachment 8

Secretary/Treasurer - Shareholder

Attachment 9

Regular salary

Attachment 10

Regular salary. Debtor paid \$653.00 per month for rent of Debtor's head millwright of that real property commonly known as 235A Omak River Road, Omak, WA. This rental property is owned by Terry and Donna Johnson.

Fill in this information to identify the case:Debtor name Stampede Forest Products, Inc.United States Bankruptcy Court for the: Eastern District of Washington

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**\$ 0.00**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. Southwell & O'Rourke, P.S. Pool Trust	Pool Trust Account	____	\$ <u>3,445.70</u>
3.2. Chase		____	\$ <u>8,000.00</u>

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

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

\$ 11,445.70**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.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

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

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

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

\$ _____

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: \$0.00 - \$0.00 = → \$0.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$304,372.16 - \$226,884.96 = → \$77,487.20
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.

\$77,487.20

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:

14.1. _____ \$ _____

14.2. _____ \$ _____

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:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

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

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

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

\$ _____

Part 5: Inventory, excluding agriculture assets

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

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

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5	Add lines 19 through 22. Copy the total to line 84.			\$ 83,420.02

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

- ☒ No
☐ Yes

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

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

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

- ☒ No
☐ Yes

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

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

- ☒ No. Go to Part 7.
☐ 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	\$ _____	_____	\$ _____
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.

\$ _____

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 _____	\$ _____	_____	\$ _____
40. Office fixtures _____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software Office equipment, furnishings, and supplies	\$ _____	_____	\$ 1,000.00
42. Collectibles <i>Examples:</i> 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			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

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

\$ 1,000.00

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

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	\$		\$
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1	\$		\$
48.2	\$		\$

49. Aircraft and accessories

49.1	\$		\$
49.2	\$		\$

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

Supplies	\$		\$3,500.00
----------	----	--	------------

51. Total of Part 8.

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

\$3,500.00

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 <small>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.</small>	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 <u>See Attachment 1</u>		\$ _____		\$ <u>1,000.00⁺</u>
55.2 _____		\$ _____		\$ _____
55.3 _____		\$ _____		\$ _____
55.4 _____		\$ _____		\$ _____
55.5 _____		\$ _____		\$ _____
55.6 _____		\$ _____		\$ _____

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.

\$ 1,000.00⁺

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.

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

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

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

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

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

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ — _____ = → \$ _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____ Tax year _____ \$ _____
_____ Tax year _____ \$ _____
_____ Tax year _____ \$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

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

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

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

\$ _____

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>	\$ 11,445.70	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 77,487.20	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 83,420.02	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment, and collectibles. <i>Copy line 43, Part 7.</i>	\$ 1,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 3,500.00	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ 1,000.00 ⁺
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 176,852.92	+ 91b. \$ 1,000.00 ⁺
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 177,852.92

Attachment
Debtor: Stampede Forest Products, Inc.

Case No:

Attachment 1

1100 8th Avenue East - B
Omak, WA 98841
Real property lease

Fill in this information to identify the case:Debtor name Stampede Forest Products, Inc.United States Bankruptcy Court for the: Eastern District of Washington

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

2.1	Creditor's name	Describe debtor's property that is subject to a lien	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
	<u>See Attachment 1</u>	<u>See Attachment 1</u>	<u>\$1,000.00⁺</u>	<u>\$1,000.00⁺</u>
	Creditor's mailing address <u>550 Birch Street, Suite 4</u> <u>Coulee Dam, WA 99116</u>	<u>X</u>		
	Creditor's email address, if known _____	Describe the lien _____		
	Date debt was incurred _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	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. _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
2.2	Creditor's name <u>Diamond Forest Products</u>	Describe debtor's property that is subject to a lien <u>Loader Lease</u>	<u>\$1,001.16⁺</u>	<u>\$1,001.16⁺</u>
	Creditor's mailing address <u>41088 Schindler Bridge</u> <u>Scio, OR 97374</u>	Describe the lien _____		
	Creditor's email address, if known _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Date debt was incurred _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property? <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 _____			
3.	Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		<u>\$2,001.16⁺</u>	

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.

2.3 Creditor's name

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

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

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

Do multiple creditors have an interest in the same property?

- ☒ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

2.4 Creditor's name

Describe debtor's property that is subject to a lien

\$

\$

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

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

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

- ☐ Yes. The relative priority of creditors is specified on lines _____

Attachment
Debtor: Stampede Forest Products, Inc.

Case No:

Attachment 1

Colville Federated Tribal Enterprise Corporation
1100 8th Avenue East - B
Omak, WA 98841
Real property lease

Fill in this information to identify the case:

Debtor Stampede Forest Products, Inc.

United States Bankruptcy Court for the: Eastern District of Washington

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

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

2.1 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number

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

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim

\$ _____

Priority amount

\$ _____

2.2 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number

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

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ _____

\$ _____

2.3 Priority creditor's name and mailing address

Date or dates debt was incurred

Last 4 digits of account number

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

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ _____

\$ _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address Armstrong Industrial, Inc. 2011 Kingwood Avenue Redmond, OR 97756 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,387.20
3.2	Nonpriority creditor's name and mailing address Central Oregon Truck Logistics c/o Daseke, Inc. PO Box 31001-2101 Pasadena, CA 91110 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,925.00
3.3	Nonpriority creditor's name and mailing address Central Saw Works 410 N. Freya Street Spokane, WA 99202 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 11,821.14
3.4	Nonpriority creditor's name and mailing address Diebels Welding & Machine, Inc. (Spanky's Parts & Patriot Steel) PO 2254 Elmway Okanogan, WA 98840 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,703.31
3.5	Nonpriority creditor's name and mailing address Don Kruse Electric PO Box 2088 Omak, WA 98841 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 30,496.45
3.6	Nonpriority creditor's name and mailing address Doug Johnson Trucking PO Box 4 Tonasket, WA 98855 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 4,000.00

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

3.7	Nonpriority creditor's name and mailing address <u>Fastenal</u> <u>PO Box 1286</u> <u>Winona, MN 55987</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 762.10
3.8	Nonpriority creditor's name and mailing address <u>Ferrellgas</u> <u>PO Box 173940</u> <u>Denver, CO 80217</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,470.11
3.9	Nonpriority creditor's name and mailing address <u>Hubbard Transport, LLC</u> <u>PO Box 3274</u> <u>Omak, WA 98841</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,560.00
3.10	Nonpriority creditor's name and mailing address <u>Ideal Diesel Sales</u> <u>3904 Terrace Heights Drive B-63</u> <u>Yakima, WA 98901</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 409.68
3.11	Nonpriority creditor's name and mailing address <u>Jason Peters</u> <u>Andrews Kurth, LLP 600 Travis, Suite 4200</u> <u>Houston, TX 77002</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00

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

3.12	Nonpriority creditor's name and mailing address <u>John Boyer</u> <u>41088 Schindler Bridge</u> <u>Scio, OR 97374</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 <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 93,000.00
3.13	Nonpriority creditor's name and mailing address <u>John Kaplan</u> <u>Perkins Coie, LLP 1201 Third Avenue, Suite 4900</u> <u>Seattle, WA 98101-3099</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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00
3.14	Nonpriority creditor's name and mailing address <u>K&N Electric Motors</u> <u>415 N. Fancher Road</u> <u>Spokane Valley, WA 98901</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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,388.76
3.15	Nonpriority creditor's name and mailing address <u>Les Schwab Tire Centers of Washington, Inc.</u> <u>712 Okoma Drive</u> <u>Omak, WA 98841</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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Unknown
3.16	Nonpriority creditor's name and mailing address <u>Mid-Willamette Lumber Products, Inc.</u> <u>38054 Jefferson Scio Drive</u> <u>Scio, OR 97374</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: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1.00+

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

3.17	Nonpriority creditor's name and mailing address <u>Missoula Saws</u> <u>PO Box 16005</u> <u>Missoula, MT 59808</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,928.64
3.18	Nonpriority creditor's name and mailing address <u>Motion Auto Supply</u> <u>PO Box 2200</u> <u>Spokane, WA 99210</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 720.03
3.19	Nonpriority creditor's name and mailing address <u>Multifab</u> <u>3808 N. Sullivan Road-Bldg #6</u> <u>Spokane Valley, WA 99216</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,736.77
3.20	Nonpriority creditor's name and mailing address <u>Oasis Trucking</u> <u>1420 East Fern Street</u> <u>Othello, WA 99344</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,950.00
3.21	Nonpriority creditor's name and mailing address <u>Okanogan PUD</u> <u>18 1st Avenue West</u> <u>Omak, WA 98841</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 3,210.57

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

3.22	Nonpriority creditor's name and mailing address <u>Okanogan Truck & Trailer</u> <u>PO Box 903</u> <u>Okanogan, WA 98840</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 472.08
3.23	Nonpriority creditor's name and mailing address <u>Omak Wood Products, LLC</u> <u>c/o Atlas Holdings, LLC 100 Northfield Street</u> <u>Greenwich, CT 00683</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 408,514.04
3.24	Nonpriority creditor's name and mailing address <u>Ore-Pac</u> <u>15120 E. Euclid Street</u> <u>Spokane, WA 99126</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 400.00
3.25	Nonpriority creditor's name and mailing address <u>Oxarc</u> <u>PO Box 2605</u> <u>Spokane, WA 99220</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 531.37
3.26	Nonpriority creditor's name and mailing address <u>Peg R. Callaway</u> <u>Callaway & DeTro, PLLC 700A Okoma Drive</u> <u>Omak, WA 98841-9593</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 0.00

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

3.27	<p>Nonpriority creditor's name and mailing address</p> <p>Roger's Machinery Co., Inc.</p> <p>PO Box 230429</p> <p>Portland, OR 97224</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 407.50</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.28	<p>Nonpriority creditor's name and mailing address</p> <p>Schmitt Electric</p> <p>PO Box 2093</p> <p>Wenatchee, WA 98807</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 47,354.61</u></p> <p>Check all that apply.</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>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.29	<p>Nonpriority creditor's name and mailing address</p> <p>Storm Transport</p> <p>PO Box 71</p> <p>Riverside, WA 98848</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 3,270.00</u></p> <p>Check all that apply.</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>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.30	<p>Nonpriority creditor's name and mailing address</p> <p>Swanson Hay</p> <p>5010 N. Florida</p> <p>Spokane, WA 99217</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,200.00</u></p> <p>Check all that apply.</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>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.31	<p>Nonpriority creditor's name and mailing address</p> <p>Swift Transportation</p> <p>PO Box 643985</p> <p>Pittsburgh, PA</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,803.67</u></p> <p>Check all that apply.</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>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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

3.32	Nonpriority creditor's name and mailing address <u>Ted and Nancy Skinner</u> <u>661 Parkside Dr.</u> <u>Mill City, OR 97360</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1.00+</u>
3.33	Nonpriority creditor's name and mailing address <u>Terry and Donna Johnson</u> <u>41420 Miles Creston Road</u> <u>Davenport, WA 99122</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>93,000.00</u>
3.34	Nonpriority creditor's name and mailing address <u>WCLIB</u> <u>PO Box 23145</u> <u>Portland, OR 97281</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>375.00</u>
3.35	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
3.36	Nonpriority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

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. Omak Wood Products, LLC 1100 Eighth Avenue East Omak, WA 98841	Line 3.23 <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.12. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

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.	\$ 0.00
5b. Total claims from Part 2	5b. +	\$ 720,798.03
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 720,798.03

Fill in this information to identify the case:Debtor name Stampede Forest Products, Inc.United States Bankruptcy Court for the: Eastern District of WashingtonCase 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	Debtor, as Lessee, leases from Colville See Attachment 1	Colville Federated Tribal Enterprise Corporation 550 Birch Street, Suite 4
	State the term remaining List the contract number of any government contract	36 months _____	Coulee Dam WA 99116 _____
2.2	State what the contract or lease is for and the nature of the debtor's interest	Debtor, as Lessee, leases from Diamond See Attachment 2	Diamond Forest Products 41088 Schindler Bridge
	State the term remaining List the contract number of any government contract	_____ _____	Scio OR 97374 _____
2.3	State what the contract or lease is for and the nature of the debtor's interest	_____ _____	_____ _____
	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	_____ _____	_____ _____
	State the term remaining List the contract number of any government contract	_____ _____	_____ _____
2.5	State what the contract or lease is for and the nature of the debtor's interest	_____ _____	_____ _____
	State the term remaining List the contract number of any government contract	_____ _____	_____ _____

Attachment
Debtor: Stampede Forest Products, Inc. Case No:

Attachment 1

Federated Tribal Enterprise Corporation, as Lessor, the CIPV property commonly known as 1100 8th Avenue East-B, Omak, Washington 98841, pursuant to a 60 month Facilities Use Agreement dated on or about December 31, 2013, requiring payments of \$1,000.00 per month.

Attachment 2

Forest Products, as Lessor, a loader, pursuant to an oral month-to-month agreement requiring payments in the sum of \$1,001.16 per month.

Fill in this information to identify the case:Debtor name Stampede Forest Products, Inc.United States Bankruptcy Court for the: Eastern District of Washington

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.

1. 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

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1 Mid-Willamette Lumber Products, Inc.	38054 Jefferson Scio Drive Street Scio OR 97374 City State ZIP Code		Omak Wood Products, LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____ Street _____ City State ZIP Code		_____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____ Street _____ City State ZIP Code		_____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____ Street _____ City State ZIP Code		_____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____ Street _____ City State ZIP Code		_____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____ Street _____ City State ZIP Code		_____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

1 KEVIN O'ROURKE
2 SOUTHWELL & O'ROURKE, P.S.
3 Attorneys at Law
4 960 Paulsen Center
5 W. 421 Riverside Avenue
6 Spokane, WA 99201
7 (509) 624-0159

8 UNITED STATES BANKRUPTCY COURT
9
10 IN AND FOR THE EASTERN DISTRICT OF WASHINGTON

11 In re:

12 **STAMPEDE FOREST PRODUCTS, INC.,**
13
14 Debtor.

No.: **15-**

Chapter **11**

SCHEDULES I & J

15 Attached hereto and marked as Exhibit "A" is a true and correct copy of Debtor's
16 Statement of Earnings for year ended March 31, 2015.

17 DATED this 17th day of December, 2015.

18 STAMPEDE FOREST PRODUCTS,
19 INC.

20 BY: /s/ Terry Johnson
21 TERRY JOHNSON, President

22 Schedules I & J-1

23 **SOUTHWELL & O'ROURKE, P.S.**
24 A PROFESSIONAL SERVICE CORPORATION
25 ATTORNEYS AT LAW
SUITE 960, PAULSEN CENTER
WEST 421 RIVERSIDE AVENUE
SPOKANE, WASHINGTON 99201
TELEPHONE (509) 624-0159

Stampede Forest Products, Inc.
STATEMENT OF EARNINGS
For the Year Ended March 31, 2015

Revenues		
SALES	\$ 2,006,096.22	
CONTRACTED SERVICES	<u>82,455.80</u>	
Total Revenues		<u>2,088,552.02</u>
Cost of Goods Sold		
COST OF SALES	<u>1,185,016.91</u>	
Total Cost of Goods Sold		<u>1,185,016.91</u>
Gross Profit		<u>903,535.11</u>
Operating Expenses		
DEPRECIATION EXP	35,411.00	
FREIGHT & TRUCKING	148,530.44	
GAS, FUEL & OIL	22,254.68	
INSURANCE	41,177.29	
INTEREST-OTHER	8,775.03	
LABOR	422,196.19	
LEGAL & ACCOUNTING	4,854.45	
MISCELLANEOUS EXP	735.58	
RENT - LAND & MISC.	41,269.87	
RENT - MACHINERY & EQUIP.	12,402.67	
REPAIRS & MAINTENANCE	180,646.93	
SUPPLIES	63,737.19	
SUPPLIES-OFFICE	3,835.35	
TAXES & LICENSES	13,825.43	
TRAVEL	38,998.62	
UTILITIES	<u>35,992.89</u>	
Total Operating Expenses		<u>1,074,643.61</u>
Operating Income (Loss)		<u>(171,108.50)</u>
Taxable Income (Loss)		<u>(171,108.50)</u>
Nontaxable Income (Nondeductible Expenses)		
NON-DEDUCTIBLE MEALS	<u>(803.64)</u>	
Total Nontaxable Income (Nondeductible Expenses)		<u>(803.64)</u>
Net Income		<u>\$ (171,912.14)</u>

Fill in this information to identify the case:

Debtor name Stampede Forest Products, Inc.

United States Bankruptcy Court for the: Eastern District of Washington

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*

\$ 1,000.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 176,852.92

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 177,852.92

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*

\$ 2,001.16

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 6a of *Schedule E/F*

\$ 0.00

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 6b of *Schedule E/F*

+ \$ 720,798.03

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 722,799.19

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

Debtor Name Stampede Forest Products, Inc.
United States Bankruptcy Court for the: Eastern District Of Washington
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 12/17/2015
MM / DD / YYYY

X s/Terry Johnson, President
Signature of individual signing on behalf of debtor

Terry Johnson
Printed name

President
Position or relationship to debtor