

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF WYOMING

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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

1. Debtor's name	CONSOLIDATED MANUFACTURING ENTERPRISES, INC.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	CME, INC.	
3. Debtor's federal Employer Identification Number (EIN)	47-0877581	
4. Debtor's address	Principal place of business 2556 SOUTH STREET WHEATLAND, WY 82201 Number, Street, City, State & ZIP Code Platte County	Mailing address, if different from principal place of business P.O. BOX 187 WHEATLAND, WY 82201 P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	www.cmewy.com	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor

**CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

Case number (if known)

Name

**7. Describe debtor's business****A. Check one:**

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

**B. Check all that apply**

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

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

\_\_\_\_\_

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

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

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

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☐ No☒ Yes.

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

Debtor	<b>STONE CRAZY, LLC</b>	Relationship	<b>AFFILIATE</b>
District	<b>DISTRICT OF WYOMING</b>	When	<b>1/24/18</b>
		Case number, if known	<b>18-20026</b>

Debtor

**CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

Name

Case number (if known)

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

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?** \_\_\_\_\_

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*

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

**14. Estimated number of creditors**☐ 1-49☒ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5,001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor

**CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

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

**17. Declaration and signature  
of authorized  
representative of debtor**

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on **04/30/2018**

MM / DD / YYYY

**X /s/ ELIAS J. STONE**

Signature of authorized representative of debtor

**ELIAS J. STONE**

Printed name

Title **PRESIDENT**

**18. Signature of attorney**

**X /s/ Ken McCartney**

Signature of attorney for debtor

Date **04/30/2018**

MM / DD / YYYY

**Ken McCartney 5-1335**

Printed name

**The Law Offices of Ken McCartney P.C.**

Firm name

**PO Box 1364**

**1401 Airport Parkway Ste. 200**

**Cheyenne, WY 82003**

Number, Street, City, State & ZIP Code

Contact phone **307 635-0555**

Email address **bnkrpcyrep@aol.com**

**5-1335 WY**

Bar number and State

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

Debtor name **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

United States Bankruptcy Court for the: **DISTRICT OF WYOMING**

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

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

**Declaration and signature**

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

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

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

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

Executed on **04/30/2018**

**X /s/ ELIAS J. STONE**

Signature of individual signing on behalf of debtor

**ELIAS J. STONE**

Printed name

**PRESIDENT**

Position or relationship to debtor

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

Debtor name **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**  
 United States Bankruptcy Court for the: **DISTRICT OF WYOMING**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
CIVEO USA, LLC 3790-98 STREET NW EDMONTON, ALBERTA T6E6B4		HOUSING CONTRACT MAN CAMP PROJECT	Disputed			\$700,000.00
ELI STONE 1070 SYBILLE CREEK ROAD WHEATLAND, WY 82201		CABELA'S CREDIT CARD USED FOR FUEL	Contingent			\$13,000.00
EMPLOYMENT EXPRESS P.O. BOX 203901 DALLAS, TX 75320-3901			Contingent			\$33,563.73
FED EX FREIGHT 2200 FORWARD DRIVE HARRISON, AR 72602-0840		FREIGHT	Contingent			\$11,714.58
FIRST INTERSTATE BANK P.O. BOX 30918 BILLINGS, MT 59116		CREDIT CARD	Contingent			\$10,000.00
FIRST INTERSTATE BANK P.O. BOX 30918 BILLINGS, MT 59116		CREDIT CARD	Contingent			\$20,000.00
INTERNAL REVENUE SERVICE P.O. BOX 7346 PHILADELPHIA, PA 19101-7346		941 TAX	Contingent			\$44,800.20
MATHESON TRI-GAS, INC. DEPT. 3028 P.O. BOX 123028 DALLAS, TX 75312		COGS	Contingent			\$16,560.12

Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
MC GEE HEARNE AND PAIZ P.O. BOX 1088 CHEYENNE, WY 82001		ACCOUNTANT	Contingent			\$14,921.88
NATIONAL SAFETY APPAREL 15825 INDUSTRIAL PARKWAY CLEVELAND, OH 44135		INVENTORY	Contingent			\$5,183.73
PARAMOUNT SUPPLIES P.O. BOX 1263 CHEYENNE, WY 82003		COGS	Contingent			\$26,395.80
SECOR 17321 GROESCHKE ROAD HOUSTON, TX 77084		COGS	Contingent			\$5,000.00
STEIL SURVEYING, LLC 1102 W. 19TH STREET CHEYENNE, WY 82001		SURVEY OF LAND	Contingent			\$4,716.50
TRAVELER'S (RMF) 9954 MAYLAND DRIVE, SUITE 6100 RICHMOND, VA 23233		OLD INSURANCE POLICY PREMIUM	Contingent			\$21,757.68
TRS RECOVERY 14141 SW FREEWAY SUGAR LAND, TX 77478		COLLECTIONS	Contingent			\$5,378.13
UNITED RENTAL 6125 LAKEVIEW ROAD CHARLOTTE, NC 28269		UNSECURED PROMISSORY NOTE PURCHASED UNPAID RENTAL TO NEFF RENTAL IN COLORADO	Contingent			\$8,286.30
US DIAGNOSTICS 2 PARADE STREET HUNTSVILLE, AL 35806			Contingent			\$10,242.19
WELLS FARGO CREDIT CARD P.O. BOX 770 MINNEAPOLIS, MN 55480		CREDIT CARD	Contingent			\$6,698.97

Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
WELLS FARGO CREDIT CARD P.O. BOX 770 MINNEAPOLIS, MN 55480		CREDIT CARD	Contingent			\$6,508.21
WYOMING DEPT. OF REVENUE EXCISE TAX DIVISION 122 WEST 25TH STREET, HERSCHLER BLDG. CHEYENNE, WY 82002-0110		SALES TAX	Contingent			\$49,000.00



Fill in this information to identify the case:

Debtor name **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

United States Bankruptcy Court for the: **DISTRICT OF WYOMING**

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. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>3,110,017.07</b>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>3,110,017.07</b>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>601,552.84</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>93,951.12</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>1,234,983.64</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>1,930,487.60</b>

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

Debtor name **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

United States Bankruptcy Court for the: **DISTRICT OF WYOMING**

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

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

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

11. **Accounts receivable**

11a. 90 days old or less:	<u>170,736.95</u>	-	<u>168,531.20</u>	= ....	<u>\$2,205.75</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>1,129,097.51</u>	-	<u>0.00</u>	= ....	<u>\$1,129,097.51</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

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

**\$1,131,303.26**

**Part 4: Investments**

13. Does the debtor own any investments?

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

Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**  
Name \_\_\_\_\_

Case number (If known) \_\_\_\_\_

**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				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies <b>INVENTORY SEE EXHIBIT B.22 ATTACHED</b>	<b>03/31/2018</b>	<b>\$0.00</b>		<b>\$389,426.00</b>
	<b>GOODS FOR SALE</b>	<b>03/31/2018</b>	<b>\$0.00</b>		<b>\$197,635.33</b>

23. Total of Part 5.

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

**\$587,061.33**

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.

**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			

Debtor	<b>CONSOLIDATED MANUFACTURING ENTERPRISES, INC.</b>	Case number (If known)
	Name	

  

	<b>OFFICE FURNITURE</b>	<b>\$0.00</b>	<b>\$2,000.00</b>
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40. **Office fixtures**  
**OCC HEALTH FURNITURE**  
**SEE EXHIBIT B.40(a)**

	<b>\$0.00</b>	<b>\$4,164.99</b>
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41. **Office equipment, including all computer equipment and communication systems equipment and software**

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

43. **Total of Part 7.**

**\$6,164.99**

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

44. **Is a depreciation schedule available for any of the property listed in Part 7?**  
☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**  
☒ No  
☐ Yes

**Part 8:**

**Machinery, equipment, and vehicles**

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

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

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

47.1. **VEHICLES**  
**SEE EXHIBIT B.47**

	<b>\$0.00</b>	<b>\$164,800.00</b>
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48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**  
**EQUIPMENT INVENTORY**  
**SEE EXHIBIT B.50(a)**  
**THREE NEWEST CATEPILLAR BACKHOES**  
**ARE A LEASE TO OWN**

	<b>\$0.00</b>	<b>\$444,000.00</b>
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**MACHINE SHOP INVENTORY**  
**SEE EXHIBIT B.50(e)**  
**PLASMA CUTTER IS LEASE TO OWN**

	<b>\$0.00</b>	<b>\$150,792.50</b>
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Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**  
Name

Case number (If known)

**MACHINE SHOP INVENTORY  
SEE EXHIBIT B.50(c)  
CNC LATHE & CNC MILL  
ARE LEASE TO OWN**

**\$0.00**

**\$367,361.99**

**PAINT SHOP INVENTORY  
SEE EXHIBIT B.50(d)**

**\$0.00**

**\$110,280.00**

**EMBROIDERY DEPARTMENT INVENTORY  
SEE EXHIBIT B.50(b)**

**\$0.00**

**\$148,253.00**

51. **Total of Part 8.**

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

**\$1,385,487.49**

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

- ☒ No  
☐ Yes

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

- ☒ No  
☐ Yes

**Part 9: Real property**

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

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

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

**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.

**Nature and extent of debtor's interest in property**

**Net book value of debtor's interest (Where available)**

**Valuation method used for current value**

**Current value of debtor's interest**

55.1. **LEASE OF PREMISES  
LEASE ITSELF NOT BELIEVED TO HAVE ANY VALUE**

**\$0.00**

**\$0.00**

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00**

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

- ☒ No  
☐ Yes

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

Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

Case number *(If known)*

Name

- ☒ 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.

**Part 11: All other assets**

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

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

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

Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**  
Name \_\_\_\_\_

Case number (If known) \_\_\_\_\_

**Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$0.00</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$1,131,303.26</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$587,061.33</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$6,164.99</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$1,385,487.49</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$3,110,017.07</b>	<b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$3,110,017.07</b>

Fill in this information to identify the case:

Debtor name **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

United States Bankruptcy Court for the: **DISTRICT OF WYOMING**

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	<b>4 HOUR FUNDING</b> <small>Creditor's Name</small>  <b>P.O. BOX 2149</b> <b>GIG HARBOR, WA 98335</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>2015</b> <b>Last 4 digits of account number</b> <b>5154</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>SECURED BY 2 AIR COMPRESSORS</b>  Describe the lien <b>EQUIPMENT PURCHASE</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$20,229.65</b>	<b>\$28,526.00</b>

2.2	<b>BANNER CAPITOL BANK</b> <small>Creditor's Name</small>  <b>205 STATE STREET</b> <b>HARRISBURG, NE 69345</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>7581</b> <b>Do multiple creditors have an interest in the same property?</b>	Describe debtor's property that is subject to a lien <b>SECURED BY BLANKET EQUIPMENT &amp; ACCOUNTS FIRST PLACE</b>  Describe the lien <b>ALL EQUIPMENT LOAN INVENTORY &amp; ACCOUNTS</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$92,349.88</b>	<b>\$2,605,073.07</b>
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Debtor	<b>CONSOLIDATED MANUFACTURING ENTERPRISES, INC.</b> Name _____	Case number (if know) _____
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed

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2.3	<b>BANNER CAPITOL BANK</b> Creditor's Name  <b>205 STATE STREET</b> <b>HARRISBURG, NE 69345</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>7581</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>SECURED BY TRUCKS</b> <b>2003 DODGE (WELDING TRUCK)</b> <b>2012 RAM 2500</b> <b>2012 RAM 3500</b> Describe the lien <b>VEHICLE LOAN</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$28,527.67</b>	<b>\$51,000.00</b>
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2.4	<b>EMC FINANCIAL (YELLOWSTONE CAP)</b> Creditor's Name <b>30 BROAD ST., 14TH FLOOR, SUITE 1462</b> <b>NEW YORK, NY 10004</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>2017</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien <b>SECURED WITH RECEIVABLES</b> Describe the lien <b>AR LOAN</b> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$45,000.00</b>	<b>\$170,736.95</b>
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2.5	<b>KABBAGE</b> Creditor's Name <b>925B PEACHTREE STREET</b> <b>NE, SUITE 1688</b> <b>ATLANTA, GA 30309</b> Creditor's mailing address	Describe debtor's property that is subject to a lien <b>SECURED WITH RECEIVABLES</b> Describe the lien <b>AR LOAN</b>	<b>\$2,305.64</b>	<b>\$170,736.95</b>
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Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.** Case number (if know) \_\_\_\_\_  
Name \_\_\_\_\_

Creditor's email address, if known

Date debt was incurred

2017

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☐ Disputed

2.6 **MERCHANT CAPITAL (ARCARIUS)**

Creditor's Name

147 W. 35TH STREET,  
SUITE 805  
NEW YORK, NY 10001

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2017

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$80,000.00**

**\$170,736.95**

Describe the lien

**AR LOAN**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☐ Disputed

2.7 **ON DECK FINANCIAL**

Creditor's Name

901 N. STUART ST, SUITE  
700  
ARLINGTON, VA 22203

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2016

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**\$71,500.00**

**\$170,736.95**

**AR LOAN**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.** Case number (if know) \_\_\_\_\_  
Name

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

**2.8 ON DECK FINANCIAL**

Creditor's Name  
**901 N. STUART ST, SUITE 700**  
**ARLINGTON, VA 22203**  
Creditor's mailing address

Describe debtor's property that is subject to a lien **\$11,640.00** **\$170,736.95**

**AR LOAN**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

**2016**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☐ Unliquidated

☐ Disputed

**2.9 WELLS FARGO BUSINESS BANKING**

Creditor's Name  
**P.O. BOX 202902**  
**DALLAS, TX 75320-2902**  
Creditor's mailing address

Describe debtor's property that is subject to a lien **\$250,000.00** **\$2,605,073.07**

**BLANKET LIEN ON EQUIPMENT 2ND PLACE**

Describe the lien

**LINE OF CREDIT**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

**2014**

Last 4 digits of account number

**4106**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. 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

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$601,552.84**

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

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

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

Debtor	<b>CONSOLIDATED MANUFACTURING ENTERPRISES, INC.</b>	Case number (if know)	
	Name		
Name and address		On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
ASSET STRATEGIES 2700 SNELLING AVE N, STE 250 ROSEVILLE, MN 55113		Line <u>2.7</u>	
ASSET STRATEGIES 2700 SNELLING AVE N, STE 250 ROSEVILLE, MN 55113		Line <u>2.8</u>	

Fill in this information to identify the case:

Debtor name **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

United States Bankruptcy Court for the: **DISTRICT OF WYOMING**

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

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

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

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

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

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

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

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>INTERNAL REVENUE SERVICE P.O. BOX 7346 PHILADELPHIA, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$44,800.20</b>	<b>\$44,800.20</b>
	Date or dates debt was incurred <b>2016</b>	Basis for the claim: <b>941 TAX</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>PLATTE COUNTY TREASURER 806 9TH STREET WHEATLAND, WY 82201</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$150.92</b>	<b>\$150.92</b>
	Date or dates debt was incurred <b>2018</b>	Basis for the claim: <b>PROPERTY TAXES</b>		
	Last 4 digits of account number <b>1668</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

<b>Debtor</b> <b>CONSOLIDATED MANUFACTURING ENTERPRISES, INC.</b>		<b>Case number (if known)</b>	
Name			
2.3	Priority creditor's name and mailing address <b>WYOMING DEPT. OF REVENUE          EXCISE TAX DIVISION          122 WEST 25TH STREET,          HERSCHLER BLDG.          CHEYENNE, WY 82002-0110</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$49,000.00</b> <b>\$49,000.00</b>
	Date or dates debt was incurred <b>2017</b>	Basis for the claim: <b>SALES TAX</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

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

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>A &amp; M ELECTRIC            2 WEST SLATER ROAD            WHEATLAND, WY 82201</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>CME</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LIGHT REPAIRS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,071.64</b>
3.2	Nonpriority creditor's name and mailing address <b>ALERE TOXICOLOGY SERVICES, INC            P.O. BOX 654075            DALLAS, TX 75265-4075</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>9399</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$606.00</b>
3.3	Nonpriority creditor's name and mailing address <b>CIVEO USA, LLC            3790-98 STREET NW            EDMONTON, ALBERTA T6E6B4</b> Date(s) debt was incurred <u>2017-2018</u> Last 4 digits of account number <u>9877</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 checked="" type="checkbox"/> Disputed Basis for the claim: <u>HOUSING CONTRACT            MAN CAMP PROJECT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$700,000.00</b>
3.4	Nonpriority creditor's name and mailing address <b>CONTINENTAL SUPPLY            P.O. BOX 458            AULT, CO 80610</b> Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>1027</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PARTS FOR VEHICLE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$104.59</b>
3.5	Nonpriority creditor's name and mailing address <b>DECKER GLASS            P.O. BOX 2368            CASPER, WY 82602</b> Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>6893</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>COGS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,434.97</b>

Debtor <b>CONSOLIDATED MANUFACTURING ENTERPRISES, INC.</b>		Case number (if known) _____
Name _____		

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3.6	<b>Nonpriority creditor's name and mailing address</b> <b>DELL FINANCIAL</b> <b>P.O. BOX 5275</b> <b>CAROL STREAM, IL 60197</b> Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>5E18</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,170.30</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>COMPUTER</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	<b>Nonpriority creditor's name and mailing address</b> <b>DELTA DENTAL</b> <b>6234 YELLOWSTONE ROAD</b> <b>CHEYENNE, WY 82009</b> Date(s) debt was incurred <u>2015</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$855.60</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>INSURANCE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>E-470 PUBLIC HIGHWAY AUTHORITY</b> <b>P.O. BOX 5470</b> <b>DENVER, CO 80217</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>TOLLS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	<b>Nonpriority creditor's name and mailing address</b> <b>ELI STONE</b> <b>1070 SYBILLE CREEK ROAD</b> <b>WHEATLAND, WY 82201</b> Date(s) debt was incurred <u>2014-2017</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$13,000.00</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>CABELA'S CREDIT CARD USED FOR FUEL</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>EMPLOYMENT EXPRESS</b> <b>P.O. BOX 203901</b> <b>DALLAS, TX 75320-3901</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$33,563.73</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>ENERGES SERVICES</b> <b>1328 E. 18TH STREET</b> <b>GREELEY, CO 80631</b> Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>CME INC</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,460.00</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>FASTENAL</b> <b>P.O. BOX 978</b> <b>WINONA, MN 55987</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>0074</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$356.76</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>PARTS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>CONSOLIDATED MANUFACTURING ENTERPRISES, INC.</b> Name _____	Case number (if known) _____
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3.13	Nonpriority creditor's name and mailing address <b>FED EX FREIGHT</b> <b>2200 FORWARD DRIVE</b> <b>HARRISON, AR 72602-0840</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>5810</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$85.00</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>FREIGHT</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.14	Nonpriority creditor's name and mailing address <b>FED EX FREIGHT</b> <b>2200 FORWARD DRIVE</b> <b>HARRISON, AR 72602-0840</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>5416</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$11,714.58</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>FREIGHT</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.15	Nonpriority creditor's name and mailing address <b>FIRST INTERSTATE BANK</b> <b>P.O. BOX 30918</b> <b>BILLINGS, MT 59116</b>  Date(s) debt was incurred <u>2012</u> Last 4 digits of account number <u>8750</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$20,000.00</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>CREDIT CARD</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address <b>FIRST INTERSTATE BANK</b> <b>P.O. BOX 30918</b> <b>BILLINGS, MT 59116</b>  Date(s) debt was incurred <u>2012</u> Last 4 digits of account number <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$10,000.00</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>CREDIT CARD</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address <b>FRANK JONES, ESQ.</b> <b>P.O. BOX 9</b> <b>WHEATLAND, WY 82201</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$1,711.75</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>LEGAL FEES</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address <b>FRENCHMAN VALLEY COOP</b> <b>P.O. BOX 578</b> <b>IMPERIAL, NE 69033</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>3069</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$1,000.00</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>PROPANE</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address <b>HATHAWAY &amp; KUNZ, PC</b> <b>P.O. BOX 1208</b> <b>CHEYENNE, WY 82003</b>  Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>001M</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$2,660.50</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>LEGAL FEES</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor <b>CONSOLIDATED MANUFACTURING ENTERPRISES, INC.</b>		Case number (if known) _____
Name _____		

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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>HIGH MOUNTAIN INSPECTION SERVICES, INC.</b> <b>2000 REVENUE BLVD.</b> <b>CASPER, WY 82601</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>INSPECTION</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$236.50</b>
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>JD BRIGHTON, INC.</b> <b>12020 WHEELING STREET</b> <b>BRIGHTON, CO 80601</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>1556</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$900.00</b>
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>JENNIFER STONE</b> <b>1070 SYBILLE CREEK ROAD</b> <b>WHEATLAND, WY 82201</b> Date(s) debt was incurred <u>2014-2017</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>OPERATING FUNDS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$276,493.10</b>
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>KEY INDUSTRIES</b> <b>P.O. BOX 505305</b> <b>SAINT LOUIS, MO 63105-5305</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,748.52</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>MATHESON TRI-GAS, INC.</b> <b>DEPT. 3028</b> <b>P.O. BOX 123028</b> <b>DALLAS, TX 75312</b> Date(s) debt was incurred <u>2014-2017</u> Last 4 digits of account number <u>2612</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>COGS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,560.12</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>MCGEE HEARNE AND PAIZ</b> <b>P.O. BOX 1088</b> <b>CHEYENNE, WY 82001</b> Date(s) debt was incurred <u>2015-2017</u> Last 4 digits of account number <u>6901</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>ACCOUNTANT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,921.88</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>MONCKTONS MACHINE TOOLS</b> <b>637 OSAGE STREET</b> <b>DENVER, CO 80204</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>7202</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>TOOLING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$454.98</b>
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Debtor	INC.	Case number (if known)
Name		
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>MRC GLOBAL</b> <b>P.O. BOX 204392</b> <b>DALLAS, TX 75320</b> Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>4723</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$746.53</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>TOOLING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>NATIONAL SAFETY APPAREL</b> <b>15825 INDUSTRIAL PARKWAY</b> <b>CLEVELAND, OH 44135</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>1095</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$5,183.73</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>INVENTORY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>OLD DOMINION FREIGHT LINE INC.</b> <b>P.O. BOX 742296</b> <b>LOS ANGELES, CA 90074</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>9714</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$665.21</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>FREIGHT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>ORS NASCO</b> <b>ONE PARKWAY NORTH BLVD., SUITE 100</b> <b>DEERFIELD, IL 60015</b> Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>0529</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$4,398.39</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>COGS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>PARAMOUNT SUPPLIES</b> <b>P.O. BOX 1263</b> <b>CHEYENNE, WY 82003</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>0305</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$26,395.80</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>COGS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>POSIM</b> <b>11230 COLLEGE BLVD.</b> <b>OVERLAND PARK, KS 66213</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$967.50</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>RETAIL SYSTEM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>REDNECK TRAILERS</b> <b>2100 N. WEST BYPASS</b> <b>SPRINGFIELD, MO 65083</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <u>\$166.88</u> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>FREIGHT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <b>CONSOLIDATED MANUFACTURING ENTERPRISES, INC.</b>		Case number (if known)
Name		
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>RTR RECOVERY LLC</b> <b>122 E. 42ND STREET, SUITE 2112</b> <b>NEW YORK, NY 10017</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>Unknown</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UCC LIEN FILED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>SECOR</b> <b>17321 GROESCHKE ROAD</b> <b>HOUSTON, TX 77084</b> Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$5,000.00</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>COGS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>STEIL SURVEYING, LLC</b> <b>1102 W. 19TH STREET</b> <b>CHEYENNE, WY 82001</b> Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$4,716.50</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>SURVEY OF LAND</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>THE SHERWIN WILLIAMS CO.</b> <b>8226 BRACKEN PLACE, SUITE 250</b> <b>SNOQUALMIE, WA 98065</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,222.71</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>COGS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>TIME PAYMENT CORP</b> <b>1600 DISTRICT AVE., SUITE 200</b> <b>BURLINGTON, MA 01803</b> Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>1531</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$3,085.68</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>EQUIPMENT LEASE</u> <u>HEAT PRESS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>TRAVELER'S (RMF)</b> <b>9954 MAYLAND DRIVE, SUITE 6100</b> <b>RICHMOND, VA 23233</b> Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>0123</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$21,757.68</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>OLD INSURANCE POLICY PREMIUM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>TRS RECOVERY</b> <b>14141 SW FREEWAY</b> <b>SUGAR LAND, TX 77478</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>0030</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$5,378.13</b> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>COLLECTIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <b>CONSOLIDATED MANUFACTURING ENTERPRISES, INC.</b>		Case number (if known) _____
Name _____		

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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>TRS RECOVERY</b> <b>14141 SW FREEWAY</b> <b>SUGAR LAND, TX 77478</b> Date(s) debt was incurred _____ Last 4 digits of account number <u>5007</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,094.70</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>COLLECTIONS</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED RENTAL</b> <b>6125 LAKEVIEW ROAD</b> <b>CHARLOTTE, NC 28269</b> Date(s) debt was incurred <u>2014</u> Last 4 digits of account number <u>3598</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$8,286.30</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED PROMISSORY NOTE PURCHASED UNPAID RENTAL TO NEFF RENTAL IN COLORADO</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>US DIAGNOSTICS</b> <b>2 PARADE STREET</b> <b>HUNTSVILLE, AL 35806</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$10,242.19</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	<b>Nonpriority creditor's name and mailing address</b> <b>WELLS FARGO CREDIT CARD</b> <b>P.O. BOX 770</b> <b>MINNEAPOLIS, MN 55480</b> Date(s) debt was incurred <u>2014</u> Last 4 digits of account number <u>5617</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$6,508.21</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.45	<b>Nonpriority creditor's name and mailing address</b> <b>WELLS FARGO CREDIT CARD</b> <b>P.O. BOX 770</b> <b>MINNEAPOLIS, MN 55480</b> Date(s) debt was incurred <u>2014</u> Last 4 digits of account number <u>5609</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$6,698.97</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.46	<b>Nonpriority creditor's name and mailing address</b> <b>WOLVERINE</b> <b>9341 COURTLAND DRIVE</b> <b>ROCKFORD, MI 49351</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>6722</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,447.50</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	<b>Nonpriority creditor's name and mailing address</b> <b>WYOMING BUSINESS REPORT</b> <b>C/O TRANSWORLD SYSTEMS, INC.</b> <b>500 VIRGINIA DRIVE, SUITE 514</b> <b>FORT WASHINGTON, PA 19034</b> Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>9580</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,206.00</b></span> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>CONSOLIDATED MANUFACTURING ENTERPRISES, INC.</b> Name _____	Case number (if known) _____
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3.48	Nonpriority creditor's name and mailing address <b>WYOMING MACHINERY</b> <b>P.O. BOX 2335</b> <b>CASPER, WY 82602</b>  Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>6074</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$359.68</b></span> <input checked="" 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
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3.49	Nonpriority creditor's name and mailing address <b>WYOMING MACHINERY</b> <b>P.O. BOX 2335</b> <b>CASPER, WY 82602</b>  Date(s) debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$344.83</b></span> <input checked="" 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
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3.50	Nonpriority creditor's name and mailing address <b>WYOMING NATURAL RESOURCES</b> <b>REDNEZVOUS</b> <b>P.O. BOX 206</b> <b>CHEYENNE, WY 82003</b>  Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>CME</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$1,000.00</b></span> <input checked="" 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
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**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	<b>ALTUS GTS, INC.</b> <b>2499 VETERAN'S MEMORIAL BLVD, STE. 300</b> <b>KENNER, LA 70062</b>	Line <u>3.10</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>CIVEO</b> <b>3601 STAGECOACH ROAD, SUITE #101</b> <b>LONGMONT, CO 80504</b>	Line <u>3.3</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>E-470 EXPRESS TOLLS</b> <b>22470 E. 6TH PARKWAY #110</b> <b>AURORA, CO 80018</b>	Line <u>3.8</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>EULER HERMES COLLECTIONS NORTH AMERICA</b> <b>800 RED BROOK BLVD.</b> <b>OWINGS MILLS, MD 21117</b>	Line <u>3.23</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>GARLICK KNIGHT ATTORNEYS</b> <b>139 N. 2ND STREET, STE 1C</b> <b>CASPER, WY 82601</b>	Line <u>3.30</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>RMS</b> <b>P.O. BOX 361595</b> <b>COLUMBUS, OH 43236</b>	Line <u>3.14</u>  <input type="checkbox"/> Not listed. Explain _____	—

Debtor	CONSOLIDATED MANUFACTURING ENTERPRISES, INC. Name	Case number (if known)
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.7	UNITED STATES ATTORNEY 950 PENNSYLVANIA AVE NW WASHINGTON, DC 20530	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____
4.8	UNITED STATES ATTORNEY DISTRICT OF WYOMING P.O. BOX 668 CHEYENNE, WY 82003	Line <u>2.1</u> <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.

5a. Total claims from Part 1

5b. Total claims from Part 2

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

Total of claim amounts	
5a.	\$ <u>93,951.12</u>
5b. +	\$ <u>1,234,983.64</u>
5c.	\$ <u>1,328,934.76</u>

Fill in this information to identify the case:

Debtor name **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

United States Bankruptcy Court for the: **DISTRICT OF WYOMING**

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

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

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

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

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

**EQUIPMENT LEASE  
FOR LATHE  
ADDITIONAL ADDRESS**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**BANK OF THE WEST  
C/O DON LEE AVP SPECIAL ASSET OFFICER**

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

**EQUIPMENT LEASE  
CAT 420F  
VALUE \$105,000.00  
OWE \$57,291.64  
BALANCE**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**CATERPILLAR FINANCIAL SERVICES  
P.O. BOX 100647  
PASADENA, CA 91189-0647**

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

**EQUIPMENT LEASE  
CAT 420F  
VALUE \$105,000.00  
OWE \$57,291.64  
BALANCE**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**CATERPILLAR FINANCIAL SERVICES  
P.O. BOX 100647  
PASADENA, CA 91189-0647**

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

**EQUIPMENT LEASE  
CAT 420F  
VALUE \$105,000.00  
OWE \$57,291.64  
BALANCE**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**CATERPILLAR FINANCIAL SERVICES  
P.O. BOX 100647  
PASADENA, CA 91189-0647**

**CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases****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

2.5. State what the contract or lease is for and the nature of the debtor's interest **PLASMA CUTTER AS REFERENCED IN EXHIBIT B.50(e) OWE \$144,644.00 VALUE \$119,164.00**

State the term remaining

List the contract number of any government contract

**INTECH FUNDING  
P.O. BOX 7167  
PASADENA, CA 91109-7167**

2.6. State what the contract or lease is for and the nature of the debtor's interest **EQUIPMENT LEASE FOR CNC MILL OWE \$148,644.00 VALUE \$151,010.00**

State the term remaining

List the contract number of any government contract

**INTECH FUNDING  
P.O. BOX 7167  
PASADENA, CA 91109-7167**

2.7. State what the contract or lease is for and the nature of the debtor's interest **EQUIPMENT LEASE FOR LATHE LEASE TO OWN OWE \$105,924.00 VALUE \$87,325.00**

State the term remaining

List the contract number of any government contract

**INTECH FUNDING  
P.O. BOX 7167  
PASADENA, CA 91109-7167**

2.8. State what the contract or lease is for and the nature of the debtor's interest **BUSINESS LEASE FOR \$8,400.00 PER MONTH ON PRIMARY OFFICE LOCATION**

State the term remaining

List the contract number of any government contract

**STONE CRAZY, LLC  
2556 SOUTH STREET  
WHEATLAND, WY 82201**

2.9. State what the contract or lease is for and the nature of the debtor's interest **ADDITIONAL ADDRESS**

State the term remaining

List the contract number of any government contract

**US BANK EQUIPMENT FINANCE  
1310 MADRID STREET  
MARSHALL, MN 56258**

2.10. State what the contract or lease is for and the nature of the debtor's interest **LEASE OF COPY MACHINE OWE \$9,000.00**

**XEROX  
P.O. BOX 660501  
DALLAS, TX 75266**



Debtor 1 **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**  
First Name Middle Name Last Name

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

**Additional Page if You Have More Contracts or Leases**

**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**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Fill in this information to identify the case:

Debtor name **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

United States Bankruptcy Court for the: **DISTRICT OF WYOMING**

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

☐ Check if this is an amended filing

Official Form 206H  
**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

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

Column 1: **Codebtor**

Column 2: **Creditor**

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **ELIAS J. STONE**

**1070 SYBILLE CREEK ROAD  
WHEATLAND, WY 82201  
ON VARIOUS ACCOUNTS**

☐ D \_\_\_\_\_  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

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

Debtor name **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

United States Bankruptcy Court for the: **DISTRICT OF WYOMING**

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

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

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

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

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

**From the beginning of the fiscal year to filing date:**

From **1/01/2018** to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business

☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

**Unknown**

**For prior year:**

From **1/01/2017** to **12/31/2017**

☒ Operating a business

☐ Other \_\_\_\_\_

**\$1,561,765.97**

**For year before that:**

From **1/01/2016** to **12/31/2016**

☒ Operating a business

☐ Other \_\_\_\_\_

**\$1,183,193.00**

**2. Non-business revenue**

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

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

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

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

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

**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

Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

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

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

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

#### 5. Repossessions, foreclosures, and returns

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

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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#### 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
<b>YELLOWSTONE</b>	<b>GARNISHED</b> Last 4 digits of account number: _____	<b>MARCH 11, 2018</b>	<b>\$4,000.00</b>
<b>RTR RECOVERY LLC</b> <b>122 E. 42ND STREET, SUITE 2112</b> <b>NEW YORK, NY 10017</b>	<b>UCC LIEN SERVED ON SQUARE CREDIT CARD PROCESSOR</b> Last 4 digits of account number: _____	<b>APRIL 30, 2018</b>	<b>\$1,500.00</b>

### 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 Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>U.S. BANK NATIONAL ASSOCIATION, d/b/a U.S. BANK EQUIPMENT FINANCE vs. CONSOLIDATED MANUFACTURING ENTERPRISES and ELIAS J. STONE CV-2018-12</b>	<b>CIVIL</b>	<b>PLATTE COUNTY COURT 900 9TH STREET WHEATLAND, WY 82201</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<b>C&amp;G vs. STONE CRAZY CME ELIAS STONE</b>	<b>CIVIL</b>		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

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

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.3. QRSNASCO	CIVIL		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4. YELLOWSTONE	CIVIL		<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

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

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

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

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

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

☐ None.

Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

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

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	The Law Offices of Ken McCartney P.C. PO Box 1364 1401 Airport Parkway Ste. 200 Cheyenne, WY 82003	Attorney Fees to include the chapter 11 filing fee.	April 10, 2018	\$9,217.00
	Email or website address bnkrpcyrep@aol.com			
	Who made the payment, if not debtor?			

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

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

Do not include transfers already listed on this statement.

☒ None.

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

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

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

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

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

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

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

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

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

**Part 9: Personally Identifiable Information**

Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

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

**16. Does the debtor collect and retain personally identifiable information of customers?**

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

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

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

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

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

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

- ☐ None

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

**19. Safe deposit boxes**

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

- ☐ None

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

**20. Off-premises storage**

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

- ☐ None

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

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

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

- ☐ None

**Part 12: Details About Environment Information**

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

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

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

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

Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

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

**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

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

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

- ☒ No.  
☐ Yes. Provide details below.

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

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

- ☒ No.  
☐ Yes. Provide details below.

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

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

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

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
-----------------------	-------------------------------------	--	------------------------

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

- ☐ None

Name and address	Date of service From-To
26a.1. <b>MCGEE HEARNE PAIZ 314 W. 18TH STREET CHEYENNE, WY 82001</b>	<b>ANNUALLY 2012-2016</b>

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

- ☒ None

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

- ☐ None



Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

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

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

26c.1. **JENNIFER STONE**  
**1070 SYBILLE CREEK ROAD**  
**WHEATLAND, WY 82201**

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

☒ None

**Name and address****27. Inventories**

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

☐ No

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

	<b>Name of the person who supervised the taking of the inventory</b>	<b>Date of inventory</b>	<b>The dollar amount and basis (cost, market, or other basis) of each inventory</b>
27.1	<b>JENNIFER STONE</b>	<b>03/31/2018 (DONE QUARTERLY)</b>	<b>197,635.33</b>

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

**JENNIFER STONE**  
**2556 SOUTH STREET**  
**WHEATLAND, WY 82201**

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.

<b>Name</b>	<b>Address</b>	<b>Position and nature of any interest</b>	<b>% of interest, if any</b>
<b>ELIAS J. STONE</b>	<b>P.O. BOX 187 WHEATLAND, WY 82201</b>	<b>SHAREHOLDER</b>	<b>100</b>

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.

**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.

Debtor **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

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

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	<b>ELIAS J. STONE</b> <b>1070 SYBILLE CREEK ROAD</b> <b>Wheatland, WY 82201</b>	<b>\$2,500.00</b>	<b>YEAR TO DATE</b>	<b>OWNER'S DRAWS</b>
	Relationship to debtor <b>PRESIDENT</b>			
30.2	<b>ELIAS J. STONE</b> <b>1070 SYBILLE CREEK ROAD</b> <b>Wheatland, WY 82201</b>	<b>\$49,525.00</b>	<b>APRIL 2017-DECEMBER 2017</b>	<b>OWNER'S DRAWS</b>
	Relationship to debtor <b>PRESIDENT</b>			
30.3	<b>JENNIFER STONE</b> <b>1070 SYBILLE CREEK ROAD</b> <b>WHEATLAND, WY 82201</b>	<b>\$26,872.00</b>	<b>APRIL 2017-APRIL 2018</b>	<b>INSIDER WAGES</b>
	Relationship to debtor <b>INSIDER</b>			

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

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

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

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

**Part 14: Signature and Declaration**

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

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

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

Executed on **04/30/2018****/s/ ELIAS J. STONE**

Signature of individual signing on behalf of the debtor

**ELIAS J. STONE**

Printed name

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

**United States Bankruptcy Court  
District of Wyoming**

In re **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

Debtor(s)

Case No.

Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

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

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>ELIAS J. STONE 1070 SYBILLE CREEK ROAD WHEATLAND, WY 82201</b>	<b>STOCKHOLDE R</b>		<b>100%</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **PRESIDENT** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **04/30/2018**

Signature **/s/ ELIAS J. STONE**  
**ELIAS J. STONE**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
District of Wyoming**

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**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **04/30/2018**

**/s/ ELIAS J. STONE**

**ELIAS J. STONE/PRESIDENT**

Signer/Title

4 HOUR FUNDING  
P.O. BOX 2149  
GIG HARBOR, WA 98335

A & M ELECTRIC  
2 WEST SLATER ROAD  
WHEATLAND, WY 82201

ALERE TOXICOLOGY SERVICES, INC  
P.O. BOX 654075  
DALLAS, TX 75265-4075

ALTUS GTS, INC.  
2499 VETERAN'S MEMORIAL BLVD, STE. 300  
KENNER, LA 70062

ASSET STRATEGIES  
2700 SNELLING AVE N, STE 250  
ROSEVILLE, MN 55113

BANK OF THE WEST  
C/O DON LEE AVP SPECIAL ASSET OFFICER

BANNER CAPITOL BANK  
205 STATE STREET  
HARRISBURG, NE 69345

CATERPILLAR FINANCIAL SERVICES  
P.O. BOX 100647  
PASADENA, CA 91189-0647

CIVEO  
3601 STAGECOACH ROAD, SUITE #101  
LONGMONT, CO 80504

CIVEO USA, LLC  
3790-98 STREET NW  
EDMONTON, ALBERTA T6E6B4

CONTINENTAL SUPPLY  
P.O. BOX 458  
AULT, CO 80610

DECKER GLASS  
P.O. BOX 2368  
CASPER, WY 82602

DELL FINANCIAL  
P.O. BOX 5275  
CAROL STREAM, IL 60197

DELTA DENTAL  
6234 YELLOWSTONE ROAD  
CHEYENNE, WY 82009

E-470 EXPRESS TOLLS  
22470 E. 6TH PARKWAY #110  
AURORA, CO 80018

E-470 PUBLIC HIGHWAY AUTHORITY  
P.O. BOX 5470  
DENVER, CO 80217

ELI STONE  
1070 SYBILLE CREEK ROAD  
WHEATLAND, WY 82201

ELIAS J. STONE  
1070 SYBILLE CREEK ROAD  
WHEATLAND, WY 82201

EMC FINANCIAL (YELLOWSTONE CAP)  
30 BROAD ST., 14TH FLOOR, SUITE 1462  
NEW YORK, NY 10004

EMPLOYMENT EXPRESS  
P.O. BOX 203901  
DALLAS, TX 75320-3901

ENERGES SERVICES  
1328 E. 18TH STREET  
GREELEY, CO 80631

EULER HERMES COLLECTIONS NORTH AMERICA  
800 RED BROOK BLVD.  
OWINGS MILLS, MD 21117

FASTENAL  
P.O. BOX 978  
WINONA, MN 55987

FED EX FREIGHT  
2200 FORWARD DRIVE  
HARRISON, AR 72602-0840

FIRST INTERSTATE BANK  
P.O. BOX 30918  
BILLINGS, MT 59116

FRANK JONES, ESQ.  
P.O. BOX 9  
WHEATLAND, WY 82201

FRENCHMAN VALLEY COOP  
P.O. BOX 578  
IMPERIAL, NE 69033

GARLICK KNIGHT ATTORNEYS  
139 N. 2ND STREET, STE 1C  
CASPER, WY 82601

HATHAWAY & KUNZ, PC  
P.O. BOX 1208  
CHEYENNE, WY 82003

HIGH MOUNTAIN INSPECTION SERVICES, INC.  
2000 REVENUE BLVD.  
CASPER, WY 82601

INTECH FUNDING  
P.O. BOX 7167  
PASADENA, CA 91109-7167

INTERNAL REVENUE SERVICE  
P.O. BOX 7346  
PHILADELPHIA, PA 19101-7346

JD BRIGHTON, INC.  
12020 WHEELING STREET  
BRIGHTON, CO 80601

JENNIFER STONE  
1070 SYBILLE CREEK ROAD  
WHEATLAND, WY 82201

KABBAGE  
925B PEACHTREE STREET NE, SUITE 1688  
ATLANTA, GA 30309

KEY INDUSTRIES  
P.O. BOX 505305  
SAINT LOUIS, MO 63105-5305



MATHESON TRI-GAS, INC.  
DEPT. 3028  
P.O. BOX 123028  
DALLAS, TX 75312

MCGEE HEARNE AND PAIZ  
P.O. BOX 1088  
CHEYENNE, WY 82001

MERCHANT CAPITAL (ARCARIUS)  
147 W. 35TH STREET, SUITE 805  
NEW YORK, NY 10001

MONCKTONS MACHINE TOOLS  
637 OSAGE STREET  
DENVER, CO 80204

MRC GLOBAL  
P.O. BOX 204392  
DALLAS, TX 75320

NATIONAL SAFETY APPAREL  
15825 INDUSTRIAL PARKWAY  
CLEVELAND, OH 44135

OLD DOMINION FREIGHT LINE INC.  
P.O. BOX 742296  
LOS ANGELES, CA 90074

ON DECK FINANCIAL  
901 N. STUART ST, SUITE 700  
ARLINGTON, VA 22203

ORS NASCO  
ONE PARKWAY NORTH BLVD., SUITE 100  
DEERFIELD, IL 60015

PARAMOUNT SUPPLIES  
P.O. BOX 1263  
CHEYENNE, WY 82003

PLATTE COUNTY TREASURER  
806 9TH STREET  
WHEATLAND, WY 82201

POSIM  
11230 COLLEGE BLVD.  
OVERLAND PARK, KS 66213

REDNECK TRAILERS  
2100 N. WEST BYPASS  
SPRINGFIELD, MO 65083

RMS  
P.O. BOX 361595  
COLUMBUS, OH 43236

RTR RECOVERY LLC  
122 E. 42ND STREET, SUITE 2112  
NEW YORK, NY 10017

SECOR  
17321 GROESCHKE ROAD  
HOUSTON, TX 77084

STEIL SURVEYING, LLC  
1102 W. 19TH STREET  
CHEYENNE, WY 82001

STONE CRAZY, LLC  
2556 SOUTH STREET  
WHEATLAND, WY 82201

THE SHERWIN WILLIAMS CO.  
8226 BRACKEN PLACE, SUITE 250  
SNOQUALMIE, WA 98065

TIME PAYMENT CORP  
1600 DISTRICT AVE., SUITE 200  
BURLINGTON, MA 01803

TRAVELER'S (RMF)  
9954 MAYLAND DRIVE, SUITE 6100  
RICHMOND, VA 23233

TRS RECOVERY  
14141 SW FREEWAY  
SUGAR LAND, TX 77478

UNITED RENTAL  
6125 LAKEVIEW ROAD  
CHARLOTTE, NC 28269

UNITED STATES ATTORNEY  
950 PENNSYLVANIA AVE NW  
WASHINGTON, DC 20530

UNITED STATES ATTORNEY  
DISTRICT OF WYOMING  
P.O. BOX 668  
CHEYENNE, WY 82003

US BANK EQUIPMENT FINANCE  
1310 MADRID STREET  
MARSHALL, MN 56258

US DIAGNOSTICS  
2 PARADE STREET  
HUNSTVILLE, AL 35806

WELLS FARGO BUSINESS BANKING  
P.O. BOX 202902  
DALLAS, TX 75320-2902

WELLS FARGO CREDIT CARD  
P.O. BOX 770  
MINNEAPOLIS, MN 55480

WOLVERINE  
9341 COURTLAND DRIVE  
ROCKFORD, MI 49351

WYOMING BUSINESS REPORT  
C/O TRANSWORLD SYSTEMS, INC.  
500 VIRGINIA DRIVE, SUITE 514  
FORT WASHINGTON, PA 19034

WYOMING DEPT. OF REVENUE  
EXCISE TAX DIVISION  
122 WEST 25TH STREET, HERSCHLER BLDG.  
CHEYENNE, WY 82002-0110

WYOMING MACHINERY  
P.O. BOX 2335  
CASPER, WY 82602

WYOMING NATURAL RESOURCES REDNEZVOUS  
P.O. BOX 206  
CHEYENNE, WY 82003

XEROX  
P.O. BOX 660501  
DALLAS, TX 75266

**United States Bankruptcy Court  
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Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**04/30/2018**

Date

**/s/ Ken McCartney**

**Ken McCartney 5-1335**

Signature of Attorney or Litigant

Counsel for **CONSOLIDATED MANUFACTURING ENTERPRISES, INC.**

**The Law Offices of Ken McCartney P.C.**

**PO Box 1364**

**1401 Airport Parkway Ste. 200**

**Cheyenne, WY 82003**

**307 635-0555 Fax:307 635-0585**

**bnkrpcyrep@aol.com**