

## Fill in this information to identify the case:

Debtor Ideanomics, Inc.United States Bankruptcy Court for the: District of DelawareCase number 24-12728  
(if known)☒ Check if this is an amended filing

## Official Form 206Sum

## Summary of Assets and Liabilities for Non-Individuals

12/15

## Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B* . . . . .

NOT APPLICABLE

1b. **Total personal property:**Copy line 91A from *Schedule A/B* . . . . .

\$109,134,644.60

1c. **Total of all property:**Copy line 92 from *Schedule A/B* . . . . .

\$109,134,644.60

## Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D* . . . . .

\$18,872,350.64

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F* . . . . .

\$6,891.82

3b. **Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* . . . . .

+

\$22,484,416.89

4. **Total liabilities** . . . . .

Lines 2 + 3a + 3b

\$41,363,659.35

## Fill in this information to identify the case:

Debtor Ideanomics, Inc.United States Bankruptcy Court for the: District of DelawareCase number 24-12728  
(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

**AMENDED**

2.1	<b>Priority creditor's name and mailing address</b> ALFRED POOR  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,541.67	\$3,541.67
2.2	<b>Priority creditor's name and mailing address</b> GONSALVES, JOHN N.  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$968.14	\$968.14
2.3	<b>Priority creditor's name and mailing address</b> MASSACHUSETTS DEPARTMENT OF UNEMPLOYMENT ASSISTANCE PO BOX 419815 BOSTON, MA 02241-9815  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$896.09	\$896.09

**Part 1: Additional Page**

		Total claim	Priority amount
2.4	<b>Priority creditor's name and mailing address</b> UTAH DEPARTMENT OF WORKFORCE SERVICES PO BOX 98 HAMER, ID 83425  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,485.92       \$1,485.92

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

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

☐ No.

☒ Yes.

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	<b>Nonpriority creditor's name and mailing address</b> ADDA BRAHIM AGGOUNE, NADIA  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	<b>Nonpriority creditor's name and mailing address</b> ADOBE, INC 29322 NETWORK PLACE CHICAGO, IL 60673-1293  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	<b>Nonpriority creditor's name and mailing address</b> AESFIRE, LLC 295 MOLNAR DRIVE ELMWOOD PARK, NJ 07407  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

## Part 2:

## Additional Page

			Amount of claim
3.4	<b>Nonpriority creditor's name and mailing address</b> AFFIRMA CONSULTING LLC 3380 146TH PL SE, STE 200 BELLEVUE, WA 98007  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,114.00
3.5	<b>Nonpriority creditor's name and mailing address</b> AHG MONTCLAIR BEVERAGE LLC, THE MC HOTEL 690 BLOOMFIELD AVENUE MONTCLAIR, NJ 07042  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,057.72
3.6	<b>Nonpriority creditor's name and mailing address</b> AKIN GUMP STRAUSS HAUSER & FELD LLP 2001 K STREET NW WASHINGTON, DC 20006  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.7	<b>Nonpriority creditor's name and mailing address</b> ALLIANCE VIRTUAL OFFICE CORPORATION 2831 SAINT ROSE PARKWAY HENDERSON, NV 89052  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$652.60
3.8	<b>Nonpriority creditor's name and mailing address</b> AMERICAN ARBITRATION ASSOCIATION 120 BROADWAY, FLOOR 21 NEW YORK, NY 10271  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,112.50

## Part 2:

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			Amount of claim
3.9	<b>Nonpriority creditor's name and mailing address</b> AMERICAN PUBLIC TRANSPORTATION ASSOCIATION P.O. BOX 76502 BALTIMORE, MD 21275-6502  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,523.00
3.10	<b>Nonpriority creditor's name and mailing address</b> AMERICAN STOCK TRANSFER & TRUST COMPANY, LLC 6201 15TH AVENUE BROOKLYN, NY 11219  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,110.91
3.11	<b>Nonpriority creditor's name and mailing address</b> ANKURA CONSULTING GROUP, LLC 1220 19TH STREET NW WASHINGTON, DC 20036  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,071.50
3.12	<b>Nonpriority creditor's name and mailing address</b> ANKURA INTERMEDIATE HOLDINGS, LP 150 N RIVERSIDE PLAZA CHICAGO, IL 60606  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,946.00
3.13	<b>Nonpriority creditor's name and mailing address</b> ANURAAGAVI KANNAN, VISHAAL KRISHNA  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,700.00

## Part 2:

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			Amount of claim
3.14	<b>Nonpriority creditor's name and mailing address</b> APPCOLL, INC. 325 SHARON PARK DRIVE MENLO PARK, CA 94025  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,560.00
3.15	<b>Nonpriority creditor's name and mailing address</b> ARENT FOX LLP 1717 K STREET NW WASHINGTON, DC 20006-5344  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$298,465.32
3.16	<b>Nonpriority creditor's name and mailing address</b> ATLAS CREDIT PARTNERS 777 POST OAK BLVD HUSTON, TX 77056  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.17	<b>Nonpriority creditor's name and mailing address</b> BAKER & MCKENZIE LLP 100 NEW BRIDGE STREET LONDON, ENGLAND EC4V 6JA GB  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,957.75
3.18	<b>Nonpriority creditor's name and mailing address</b> BHOPTI, SKYE  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$579.24

## Part 2:

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			Amount of claim
3.19	<b>Nonpriority creditor's name and mailing address</b> BLOOMBERG FINANCE L.P.  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$251,055.69
3.20	<b>Nonpriority creditor's name and mailing address</b> BROADHEAD 411 NORTH WASHINGTON AVENUE #500 MINNEAPOLIS, MN 55401  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110,711.09
3.21	<b>Nonpriority creditor's name and mailing address</b> BROADRIDGE BROADRIDGE ICS PO BOX 416423 BOSTON, MA 02241-6423  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$169,052.78
3.22	<b>Nonpriority creditor's name and mailing address</b> BUILDING AUTOMATION SOLUTIONS LLC 104 MARSHALL AVE FLORAL PARK, NY 11001  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,998.44
3.23	<b>Nonpriority creditor's name and mailing address</b> C & L IP SERVICES LLC 315 JUAREZ AVENUE LAREDO, TX 78040  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00

## Part 2:

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			Amount of claim
3.24	<b>Nonpriority creditor's name and mailing address</b> CANTO, INC.  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$416.67
3.25	<b>Nonpriority creditor's name and mailing address</b> CANTOR FITZGERALD & CO. 110 EAST 59TH STREET NEW YORK, NY 10022  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,000.00
3.26	<b>Nonpriority creditor's name and mailing address</b> CBIZ MARKS PANETH, LLC PO BOX 411222 BOSTON, MA 02241-1222  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$397,468.00
3.27	<b>Nonpriority creditor's name and mailing address</b> CDW DIRECT P.O. BOX 75723 CHICAGO, IL 60675-5723  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85,767.33
3.28	<b>Nonpriority creditor's name and mailing address</b> CHARLES W. BOTSFORD 352 N. MOUNTAIN AVE MONROVIA, CA 91016-2439  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,550.00



## Part 2:

## Additional Page

			Amount of claim
3.29	<b>Nonpriority creditor's name and mailing address</b> CHIOMENTI STUDIO LEGALE VIA GIUSEPPE VERDI 2 20121 MILANO IT  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,902.90
3.30	<b>Nonpriority creditor's name and mailing address</b> CINTAS P.O. BOX 631025 CINCINNATI, OH 45263  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,895.00
3.31	<b>Nonpriority creditor's name and mailing address</b> CISION US INC. 12051 INDIAN CREEK COURT BELTVILLE, MD 20705  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85,901.34
3.32	<b>Nonpriority creditor's name and mailing address</b> CLEAN ROCKET FILMS, LLC 113 E 12TH STREET HUNTINGTON STATION, NY 11746  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$869.42
3.33	<b>Nonpriority creditor's name and mailing address</b> COMMERCIAL BUILDING MAINTENANCE CORP 200 OAK DRIVE, STE 201 SYOSSET, NY 11791  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,659.32

## Part 2:

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			Amount of claim
3.34	<b>Nonpriority creditor's name and mailing address</b> COMPUMARK 3133 WEST FRYE ROAD, STE 100 CHANDLER, AZ 85226  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,732.08
3.35	<b>Nonpriority creditor's name and mailing address</b> COMPUTERSHARE HK INVESTOR SERVICES LTD  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185,154.00
3.36	<b>Nonpriority creditor's name and mailing address</b> CONCORD WORLDWIDE, INC DEPT LA 25363 PASADENA, CA 91185-5363  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,401.85
3.37	<b>Nonpriority creditor's name and mailing address</b> CONSILIO LLC 1828 L STREET NW SUITE 1070 WASHINGTON, DC 20036  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,093.08
3.38	<b>Nonpriority creditor's name and mailing address</b> CONSOB VIA G. B. MARTINI 3 ROME 198 IT  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,602.13

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			Amount of claim
3.39	<b>Nonpriority creditor's name and mailing address</b> CORE STAFFING CORE STAFFING SERVICES INC NEW YORK, NY 10018  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,040.00
3.40	<b>Nonpriority creditor's name and mailing address</b> CSC CSC P.O. BOX 13397 PHILADELPHIA, PA 19101-3397  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$827.99
3.41	<b>Nonpriority creditor's name and mailing address</b> CT CORPORATION PO BOX 4349 CAROL STREAM, IL 60197-4349  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,282.66
3.42	<b>Nonpriority creditor's name and mailing address</b> DIGITAL MEDIA INNOVATIONS, LLC 11650 MIRACLE HILLS DRIVE OMAHA, NE 68154  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,224.50
3.43	<b>Nonpriority creditor's name and mailing address</b> E*TRADE FINANCIAL CORPORATE SERVICES P.O. BOX 3512 ARLINGTON, VA 22203  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,437.50

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			Amount of claim
3.44	<b>Nonpriority creditor's name and mailing address</b> ELECTRONIC PRINTING SOLUTIONS, LLC 4879 RONSON COURT SUITE C SAN DIEGO, CA 92111  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,065.72
3.45	<b>Nonpriority creditor's name and mailing address</b> EQUISOLVE, INC. SOUTHWEST CORPORATE PARKWAY PALM CITY, FL 34990  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,673.92
3.46	<b>Nonpriority creditor's name and mailing address</b> ESG ADVISOR GROUP LLC 79 BRIDGE STREET, SUITE 5F BROOKLYN, NY 11201  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,275.35
3.47	<b>Nonpriority creditor's name and mailing address</b> EVEN, ANAELLE  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$529.49
3.48	<b>Nonpriority creditor's name and mailing address</b> EVENERGI, LLC 109 SOUTH 5TH STREET BROOKLYN, NY 11249  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85,000.00

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		Amount of claim
3.49	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FARRIS LLP 700 WEST GEORGIA STREET VANCOUVER, BC V7Y 1B3 CA</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$1,176.54 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> PROFESSIONALS</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.50	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FEDERAL EXPRESS PO BOX 371461 PITTSBURGH, PA 15250-7461</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$184.72 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.51	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FEDEX PO BOX 7221 PASADENA, CA 91109-7321</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$246.47 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.52	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY LLC 245 SUMMER ST. BOSTON, MA 02109</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$803.17 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> TRADE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<b>AMENDED</b>		
3.53	<p><b>Nonpriority creditor's name and mailing address</b></p> <p>FLEMING, KEVIN</p> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number:</b></p>	<p><b>As of the petition filing date, the claim is:</b> \$23,572.44 <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> WAGE</p> <p><b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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			Amount of claim
3.54	<b>Nonpriority creditor's name and mailing address</b> FLETCHER YODER, PC 11450 COMPAQ CENTER WEST DR BLDG 9 HOUSTON, TX 77070-1445  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,720.00
3.55	<b>Nonpriority creditor's name and mailing address</b> FMLA SOURCE 455 N. CITYFRONTPLAZA DR CHICAGO, IL 60611  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,092.00
3.56	<b>Nonpriority creditor's name and mailing address</b> FOLEY HOAG, LLP 155 SEAPORT BOULEVARD BOSTON, MA 02210-2600  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,444.50
3.57	<b>Nonpriority creditor's name and mailing address</b> FRACIAH MURINGI NJORGE 83 HAWTHORN AVENUE NEEDHAM, MA 02492  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,100.00
3.58	<b>Nonpriority creditor's name and mailing address</b> FTI CONSULTING 16701 MELFORD BLVD BOWIE, MD 20715  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$951,331.58

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			Amount of claim
3.59	<b>Nonpriority creditor's name and mailing address</b> GENSLER ARCHITECTURE / DESIGN, INC. 10 NORTH PARK PLACE MORRISTOWN, NJ 07960  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,763.68
3.60	<b>Nonpriority creditor's name and mailing address</b> GLADSTEIN, NEANDROSS & ASSOCIATES, LLC 2525 OCEAN PARK BOULEVARD, SUITE 200 SANTA MONICA, CA 90405  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,092.50
3.61	<b>Nonpriority creditor's name and mailing address</b> GLOBAL AFFINITY CONSULTING, LLC 17949 CRYSTAL RIVER DRIVE MACOMB, MI 49042  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,300.00
3.62	<b>Nonpriority creditor's name and mailing address</b> GOMEZ-ACEBO & POMBO ABOGADOS, S. L. P. P.º DE LA CASTELLANA, 216 SPAIN ES  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,865.42
3.63	<b>Nonpriority creditor's name and mailing address</b> GONZALEZ, RICK  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,482.64

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			Amount of claim
3.64	<b>Nonpriority creditor's name and mailing address</b> GOOGLE LLC 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$648,836.24
3.65	<b>Nonpriority creditor's name and mailing address</b> GRACEWAY SOLUTIONS LLC. 2207 GRACEHAVEN WAY LAWRENCEVILLE, GA 30043  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,170.62
3.66	<b>Nonpriority creditor's name and mailing address</b> GRASSI ADVISORS AND ACCOUNTANTS 50 JERICO QUADRANGLE JERICO, NY 11753  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370.36
3.67	<b>Nonpriority creditor's name and mailing address</b> GRAY, GRAY & GRAY LLP 150 ROYALL STREET, SUITE 102 CANTON, MA 02021  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,000.00
3.68	<b>Nonpriority creditor's name and mailing address</b> HAMILTON EXHIBITS, LLC 9150 E. 33RD STREET INDIANAPOLIS, IN 46235  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$977.16



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			Amount of claim
3.69	<b>Nonpriority creditor's name and mailing address</b> HAN SANTOS, PLLC 500 UNION STREET, SUITE 800 SEATTLE, WA 98101  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,146.55
3.70	<b>Nonpriority creditor's name and mailing address</b> HANG & ASSOCIATES, PLLC 136-20 38TH AVENUE QUEENS, NY 11354  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,431.72
3.71	<b>Nonpriority creditor's name and mailing address</b> HARRISON WATER DEPT (#0500108001) 318 HARRISON AVENUE HARRISON, NJ 07029  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$345.94
3.72	<b>Nonpriority creditor's name and mailing address</b> HARRISON WATER DEPT (#0500108002) 318 HARRISON AVENUE HARRISON, NJ 07029  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$395.44
3.73	<b>Nonpriority creditor's name and mailing address</b> HARTFORD FIRE INSURANCE COMPANY  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INSURANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$261,897.69

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			Amount of claim
3.74	<b>Nonpriority creditor's name and mailing address</b> HILTON ANAHEIM HILTON ANAHEIM ANAHEIM, CA 92802  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,766.71
3.75	<b>Nonpriority creditor's name and mailing address</b> HUNDSNURSCHER, STEPHANIE  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$544.62
3.76	<b>Nonpriority creditor's name and mailing address</b> HXE PARTNERS LLC 315 SAINT JOHNS PLACE #5A BROOKLYN, NY 11238  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.77	<b>Nonpriority creditor's name and mailing address</b> ICE SYSTEMS, INC. P.O. BOX 11126 HAUPPAUGE, NY 11788-0934  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$357.36
3.78	<b>Nonpriority creditor's name and mailing address</b> IDEALS SOLUTION GROUP 815 N ROYAL STREET SUITE 202 ALEXANDRIA, VA 22314  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,230.00

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## Additional Page

			Amount of claim
3.79	<b>Nonpriority creditor's name and mailing address</b> IDIADA AUTOMOTIVE TECHNOLOGY SA  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,300.20
3.80	<b>Nonpriority creditor's name and mailing address</b> IMPACT XM PO BOX 674910 DETROIT, MI 48267  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
3.81	<b>Nonpriority creditor's name and mailing address</b> INNOVATIVE FEDERAL STRATEGIES LLC 511 C ST NE WASHINGTON, DC 20002  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140,000.00
3.82	<b>Nonpriority creditor's name and mailing address</b> ISAAC LUNA IZQUIERDO STREET SANT GENIS 1-9, 2 6 DEMAR ES  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,109.01
3.83	<b>Nonpriority creditor's name and mailing address</b> ISS CORPORATE SOLUTIONS, INC. INSTITUTIONAL SHAREHOLDER SERVICES ROCKVILLE, MD 20850  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123,028.75

## Part 2:

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			Amount of claim
3.84	<b>Nonpriority creditor's name and mailing address</b> JENKINS, FRANK  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,250.06
3.85	<b>Nonpriority creditor's name and mailing address</b> JONATHAN MOORE 3905 NE 70TH AVE PORTLAND, OR 97213  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625.00
3.86	<b>Nonpriority creditor's name and mailing address</b> JONATHAN SPIN C/O: MIDWOOD ADVISORS INC 1910 EAST 28TH STREET BROOKLYN, NY 11229  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.87	<b>Nonpriority creditor's name and mailing address</b> JP PROPERTY SERVICES 729 HUDSON AVENUE SECAUCUS, NJ 07094  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,639.68
3.88	<b>Nonpriority creditor's name and mailing address</b> K&L GATES 925 4TH AVE SEATTLE, WA 98104  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$664,365.57

## Part 2:

## Additional Page

			Amount of claim
3.89	<b>Nonpriority creditor's name and mailing address</b> K&S INDUSTRIAL CORP 432 CASTLETON AVE STATEN ISLAND, NY 10301  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,943.49
3.90	<b>Nonpriority creditor's name and mailing address</b> KAISER FOUNDATION HEALTH PLAN FILE 5915 LOS ANGELES, CA 90074-5915  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INSURANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,850.93
3.91	<b>Nonpriority creditor's name and mailing address</b> KAPLAN HECKER & FINK 350 FIFTH AVENUE NEW YORK, NY 10118  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,004.25
<b>AMENDED</b>			
3.92	<b>Nonpriority creditor's name and mailing address</b> KEVIN FLEMING  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,270.00
3.93	<b>Nonpriority creditor's name and mailing address</b> KEVIN Y. POON, CPA PLLC 33-70 PRINCE STREET SUITE 908 FLUSHING, NY 11354  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00

**Part 2:**

## Additional Page

			Amount of claim
3.94	<b>Nonpriority creditor's name and mailing address</b> LANGAN ENGINEERING AND ENVIRONMENTAL SERVICES, INC 300 KIMBALL DRIVE PARSIPPANY, NJ 07054  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,569.14
3.95	<b>Nonpriority creditor's name and mailing address</b> LCG DISCOVERY EXPERTS, LLC 306 MORTON STREET RICHMOND, TX 77469  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,349.51
3.96	<b>Nonpriority creditor's name and mailing address</b> LRN CORPORATION LRN CORPORATION, LOCKBOX ATLANTA, GA 31192-2699  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$796.84
3.97	<b>Nonpriority creditor's name and mailing address</b> MARICORP SERVICES LTD 2ND FLOOR, STRATHVALE HOUSE, GRAND CAYMAN KY1-1103, KY  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$906.22
3.98	<b>Nonpriority creditor's name and mailing address</b> MIDAXO, INC. 31 MILK STREET, SUITE 201 BOSTON, MA 02109  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00

## Part 2:

## Additional Page

			Amount of claim
3.99	<b>Nonpriority creditor's name and mailing address</b> MIDWOOD ADVISORS LLC 1910 EAST 28TH STREET BROOKLYN, NY 11229  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,500.00
3.100	<b>Nonpriority creditor's name and mailing address</b> MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C. ONE FINANCIAL CENTER BOSTON, MA 02111  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,470.00
3.101	<b>Nonpriority creditor's name and mailing address</b> MORGAN STANLEY DOMESTIC HOLDINGS 1585 BROADWAY NEW YORK, NY 10036  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,134,126.00
3.102	<b>Nonpriority creditor's name and mailing address</b> MORRISON, SCOTT 1022 W. BARNES DRIVE KAYSVILLE, UT 84037  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,862.09
3.103	<b>Nonpriority creditor's name and mailing address</b> MORROW SODALI LLC 470 WEST AVENUE - 3RD FLOOR STAMFORD, CT 06902  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,721.91

## Part 2:

## Additional Page

			Amount of claim
3.104	<b>Nonpriority creditor's name and mailing address</b> MORSE, BARNES-BROWN, PENDLETON PC 480 TOTTEN POND ROAD, 4TH FLOOR WALTHAM, MA 02451  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,535.00
3.105	<b>Nonpriority creditor's name and mailing address</b> MOUERHUSTON, PLLC 349 HEIGHTS BOULEVARD HOUSTON, TX 77007  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,862.50
3.106	<b>Nonpriority creditor's name and mailing address</b> MULTIVIEW CANADA PO BOX 203486 DALLAS, TX 75320-3486  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.107	<b>Nonpriority creditor's name and mailing address</b> MUTUAL OF OMAHA PAYMENT PROCESSING CENTER OMAHA, NE 68103-2147  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INSURANCE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,337.48
3.108	<b>Nonpriority creditor's name and mailing address</b> MY EQUITY COMP, LLC 2339 GOLD MEADOW WAY, SUITE 210 FOLSOM, CA 95630  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,178.00



(Name)

**Part 2:** Additional Page

			Amount of claim
3.109	<b>Nonpriority creditor's name and mailing address</b> NAI INTERACTIVE LTD. 1111 ALBERNI ST, SUITE 2209 VANCOUVER CA  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
3.110	<b>Nonpriority creditor's name and mailing address</b> NASDAQ CORPORATE SOLUTIONS, LLC 151 W 42ND ST NEW YORK, NY 10036  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69,232.49
3.111	<b>Nonpriority creditor's name and mailing address</b> NATIONAL TRUCK TRUCK EQUIPMENT ASSOC. 37400 HILLS TECH DRIVE FARMINGTON HILLS, MI 48331-3414  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,000.00
3.112	<b>Nonpriority creditor's name and mailing address</b> NEW JERSEY LIMO TAXI CO. LLC 52 SUMMIT AVE APT A HACKENSACK, NJ 07601  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,608.83
3.113	<b>Nonpriority creditor's name and mailing address</b> NEXT NOW, INC 1200 W. LAKE STREET CHICAGO, IL 60607  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,250.00

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			Amount of claim
3.114	<b>Nonpriority creditor's name and mailing address</b> NEXTKEY SERVICES LLC (S CORP) 415 COVINGTON CROSSING WEDDINGTON, NC 28104  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,625.00
3.115	<b>Nonpriority creditor's name and mailing address</b> NYS WORKERS COMPENSATION BOARD 328 STATE STREET SCHENECTADY, NY 12305  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,599.00
3.116	<b>Nonpriority creditor's name and mailing address</b> NYSE MARKET (DE), INC. P.O. BOX 223695 PITTSBURGH, PA 15251-2695  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.88
3.117	<b>Nonpriority creditor's name and mailing address</b> OHIO BUREAU OF WORKERS' COMPENSATION P.O. BOX 89492 CLEVELAND, OH 44101  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.00
3.118	<b>Nonpriority creditor's name and mailing address</b> PARACORP INC DBA PARASEC 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95816-0568  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$259.00

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## Additional Page

			Amount of claim
3.119	<b>Nonpriority creditor's name and mailing address</b> PASSION 4 PEOPLE CONSULTING, LLC 47 HOWELL ROAD MOUNTAIN LAKES, NJ 07046  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,700.00
3.120	<b>Nonpriority creditor's name and mailing address</b> PATTERN ENERGY GROUP LP, DYNAMIC ENERGY SOLUTIONS LLC 1088 SANSOME STREET SAN FRANCISCO, CA 94111  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.121	<b>Nonpriority creditor's name and mailing address</b> PAUL HANCOCK HOLLY MOUNT LONDON, ENGLAND NW3 GB  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00
3.122	<b>Nonpriority creditor's name and mailing address</b> PAZMINO, VANESSA  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$407.71
3.123	<b>Nonpriority creditor's name and mailing address</b> PBA ENGINEERING P.C. 12 KULICK ROAD FAIRFIELD, NJ 07004  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,072.00

## Part 2:

## Additional Page

			Amount of claim
3.124	<b>Nonpriority creditor's name and mailing address</b> PEN TEST PARTNERS, LLP. UNIT 2 VERNEY JUNCTION BUSINESS PARK BUCKINGHAMSHIRE MK18 2LB GB  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,827.26
3.125	<b>Nonpriority creditor's name and mailing address</b> PITCHBOOK DATA, INC. P.O. BOX 74008609 CHICAGO, IL 60674  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,195.00
3.126	<b>Nonpriority creditor's name and mailing address</b> PKF O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE HARRISON, NY 10528  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,000.00
3.127	<b>Nonpriority creditor's name and mailing address</b> POLLINO, TERRI  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$618.75
3.128	<b>Nonpriority creditor's name and mailing address</b> PROOF OF IMPACT SUITE 206 651 N BROAD ROAD MIDDLETON, DE 19709  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00

**Part 2:** Additional Page

		Amount of claim
3.129	<b>Nonpriority creditor's name and mailing address</b> RAHIMI, AMIR  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$2,250.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130	<b>Nonpriority creditor's name and mailing address</b> ROBERT DERECTOR ASSOCIATES 19 WEST 44TH STREET NEW YORK, NY 10036  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$73,564.69 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131	<b>Nonpriority creditor's name and mailing address</b> ROBERT HALF INTERNATIONAL 2613 CAMINO RAMON SAN ROMAN, CA 94583  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$55,660.77 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132	<b>Nonpriority creditor's name and mailing address</b> ROBERTS, LANA  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$510.58 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>AMENDED</b>		
3.133	<b>Nonpriority creditor's name and mailing address</b> ROBIN MACKIE  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> \$338,912.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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			Amount of claim
3.134	<b>Nonpriority creditor's name and mailing address</b> ROBINHOOD MARKETS, INC. 85 WILLOW ROAD MENLO PARK, CA 94025  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$303,728.08
3.135	<b>Nonpriority creditor's name and mailing address</b> ROLFVONDENBAUMEN, THEO  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,166.67
3.136	<b>Nonpriority creditor's name and mailing address</b> RONG, LARRY  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$794.24
3.137	<b>Nonpriority creditor's name and mailing address</b> SAGACIOUS RESEARCH PRIVATE LIMITED PLOT NO. B7/B8, SECTOR 32 GURUGRAM, HARYANA 122001 IN  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.138	<b>Nonpriority creditor's name and mailing address</b> SALESFORCE.COM INC 415 MISSION STREET, 3RD FLOOR SAN FRANCISCO, CA 94105  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,256.94

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			Amount of claim
3.139	<b>Nonpriority creditor's name and mailing address</b> SANTIAGO, JONATHAN  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,839.70
3.140	<b>Nonpriority creditor's name and mailing address</b> SCOTT MORRISON 1022 W. BARNES DRIVE KAYSVILLE, UT 84037  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,092.86
3.141	<b>Nonpriority creditor's name and mailing address</b> SECURITIES & EXCHANGE COMMISSION  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400,000.00
3.142	<b>Nonpriority creditor's name and mailing address</b> SEDAT OZTURK EYUP SULTAN MH. M. AKIF CD. YADIGAR SK. D BLOK SANCAKTEPE, INSTANBUL 34885 GB  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,322.27
<b>AMENDED</b>			
3.143	<b>Nonpriority creditor's name and mailing address</b> SHANE MCMAHON  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,020,933.71

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			Amount of claim
3.144	<b>Nonpriority creditor's name and mailing address</b> SHERMAN & HOWARD LLC 633 SEVENTEENTH ST, SUITE 3000 DENVER, CO 80202  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,091.50
3.145	<b>Nonpriority creditor's name and mailing address</b> SHERRY ANNE LEAR 24445 HAWTHORNE BLVD TORRANCE, CA 90505  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,501.12
3.146	<b>Nonpriority creditor's name and mailing address</b> SIDOTI COMPANY, LLC 1177 AVENUE OF THE AMERICAS NEW YORK, NY 10036  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00
3.147	<b>Nonpriority creditor's name and mailing address</b> SKYE PERRY 2901 32ND AVENUE COURT SE PUYALLUP, WA 98374  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,542.50
3.148	<b>Nonpriority creditor's name and mailing address</b> SOLUTION 7 LTD MAGDALEN CENTRE  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,560.00



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			Amount of claim
3.149	<b>Nonpriority creditor's name and mailing address</b> SPENCER FANE LLP 1000 WALNUT SUITE 1400 KANSAS CITY, MO 64106  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,110.00
3.150	<b>Nonpriority creditor's name and mailing address</b> SPROUT SOCIAL, INC 131 S. DEARBORN STREET CHICAGO, IL 60603  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,610.46
3.151	<b>Nonpriority creditor's name and mailing address</b> STAR-LO COMMUNICATIONS 32 SOUTH JEFFERSON ROAD WHIPPANY, NJ 07981  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.152	<b>Nonpriority creditor's name and mailing address</b> STORAGEMART #1986 5116 1441 BROADWAY NEW YORK CITY, NY 10018  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$302.00
3.153	<b>Nonpriority creditor's name and mailing address</b> TECHLAW VENTURES, PLLC 3290 W. MAYFLOWER AVE LEHI, UT 84043  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$352.00

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			Amount of claim
3.154	<b>Nonpriority creditor's name and mailing address</b> TECHSTREET LLC P.O. BOX 95715 CHICAGO, IL 60694-5715  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,952.00
3.155	<b>Nonpriority creditor's name and mailing address</b> THE DIAMOND MAZE EXPERIENCE 217 NORTH RD BEDFORD, MA 01730  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.156	<b>Nonpriority creditor's name and mailing address</b> THE MACKIES PARTNERSHIP 72 REID PARK ROAD NEWCASTLE UPON TYNE, ENGLAND NE2 2ES GB  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> INSIDER  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,460.00
3.157	<b>Nonpriority creditor's name and mailing address</b> THE NATIONAL ASSOCIATION OF FLEET ADMINISTRATORS PO BOX 412963 BOSTON, MA 02241-2963  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,425.00
3.158	<b>Nonpriority creditor's name and mailing address</b> THE PLAYER'S IMPACT. LLC. 102 UNION ST. FRANKLIN, MA 02038  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00

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			Amount of claim
3.159	<b>Nonpriority creditor's name and mailing address</b> THE SIEGFRIED GROUP, LLP 1201 N MARKET ST WILMINGTON, DE 19801  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161,410.00
3.160	<b>Nonpriority creditor's name and mailing address</b> THE YGS GROUP -YORK GRAPHIC SERVICES CO. (S-CORP) 3650 WEST MARKET STREET YORK, PA 17404  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,490.00
3.161	<b>Nonpriority creditor's name and mailing address</b> THOMAS REUTERS- WEST 610 OPPERMAN DRIVE EAGAN, MN 55123-1396  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,665.03
3.162	<b>Nonpriority creditor's name and mailing address</b> TIMES SQUARE SUITES LLC 1441 BROADWAY, 5TH FLOOR NEW YORK, NY 10018  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,907.83
3.163	<b>Nonpriority creditor's name and mailing address</b> TONNEAS, LEAH  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,067.28

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Amount of claim

## AMENDED

3.164	<b>Nonpriority creditor's name and mailing address</b> TONY SKLAR <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> WAGE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$279,166.00
3.165	<b>Nonpriority creditor's name and mailing address</b> TOPPAN MERRILL HONG KONG <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> PROFESSIONALS <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,215.00
3.166	<b>Nonpriority creditor's name and mailing address</b> TOPPAN MERRILL LLC (CORP) 1501 ENERGY PARK DRIVE ST PAUL, MN 55108 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> PROFESSIONALS <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$356,468.25
3.167	<b>Nonpriority creditor's name and mailing address</b> TOTAL FIRE PROTECTION 5322 AVENUE N BROOKLYN, NY 11234 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$808.75
3.168	<b>Nonpriority creditor's name and mailing address</b> TRANSFER ONLINE, INC. 512 SE SALMON STREET PORTLAND, OR 97214-3444 <b>Date or dates debt was incurred</b> <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> TRADE <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,092.14

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			Amount of claim
3.169	<b>Nonpriority creditor's name and mailing address</b> TREAZURE JOHNSON PLLC 2737 DEVONSHIRE PLACE NW WASHINGTON, DC 20008  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,585.00
3.170	<b>Nonpriority creditor's name and mailing address</b> TRI-SEARCH, LLC 4431 MARSEILLES STREET SAN DIEGO, CA 92107  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,000.00
3.171	<b>Nonpriority creditor's name and mailing address</b> UHY ADVISORS INC. PO BOX 8563 CAROL STRAM, IL 60197  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$381,036.88
3.172	<b>Nonpriority creditor's name and mailing address</b> UHY HACKER YOUNG LLP* 4 THOMAS MORE SQUARE LONDON GB  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$779.12
3.173	<b>Nonpriority creditor's name and mailing address</b> UNITALEN LAW FIRM 7TH FLOOR, SCITECH PLACE, BEIJING 100004 CN  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,335.00

**Part 2:**

Additional Page

			Amount of claim
3.174	<b>Nonpriority creditor's name and mailing address</b> VALDEZ, JENNIE  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.175	<b>Nonpriority creditor's name and mailing address</b> VENABLE LLP PO BOX 62727 BALTIMORE, MD 21264-2727  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$702,576.42
3.176	<b>Nonpriority creditor's name and mailing address</b> VERIZON #0001-67 PO BOX 16801 NEWARK, NJ 07101-6801  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$891.22
3.177	<b>Nonpriority creditor's name and mailing address</b> VERIZON WIRELESS - 7300001 PO BOX 16810 NEWARK, NJ 07101-6810  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,708.22
3.178	<b>Nonpriority creditor's name and mailing address</b> VISTA ASSET MANAGEMENT 6 KATRINA COURT ORINDA, CA 94563  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,000.00

**Part 2:**

Additional Page

			Amount of claim
3.179	<b>Nonpriority creditor's name and mailing address</b> WHITTEN-DOOLIN, PAULA  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,361.54
3.180	<b>Nonpriority creditor's name and mailing address</b> WILMER CUTLER PICKERING HALE AND DORR LLP 1875 PENNSYLVANIA AVE NW WASHINGTON DC, DC  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$507,918.60
3.181	<b>Nonpriority creditor's name and mailing address</b> WOLTERS KLUWER PO BOX 4307 CAROL STREAMS, IL 60197  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> PROFESSIONALS  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,244.14
3.182	<b>Nonpriority creditor's name and mailing address</b> XACT DATA DISCOVERY (CORP) 1828 L ST NW, STE 1070 WASHINGTON, DC 20036  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,028.48
3.183	<b>Nonpriority creditor's name and mailing address</b> XD INNOVATION AMERICA LLC 9800 MOUNT PYRAMID COURT SUITE 400 ENGLEWOOD, CO 80112  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,243.20

**Part 2:** Additional Page

			Amount of claim
3.184	<b>Nonpriority creditor's name and mailing address</b> YANG, QIUYI  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> WAGE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,879.21
3.185	<b>Nonpriority creditor's name and mailing address</b> ZOOMINFO TECHNOLOGIES LLC 805 BROADWAY ST VANCOUVER, WA 98660  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,173.41
3.186	<b>Nonpriority creditor's name and mailing address</b> ZOYES CREATIVE (S CORP) 1280 HILTON RD FERNDALE, MI 48220  <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> TRADE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,408.00

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

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

		Total of claim amounts
5a.	Total claims from Part 1	5a. <u>\$6,891.82</u>
5b.	Total claims from Part 2	5b. + <u>\$22,484,416.89</u>
5c.	<b>Total of Parts 1 and 2</b> Lines 5a + 5b = 5c.	5c. <div><u>\$22,491,308.71</u></div>



## Fill in this information to identify the case:

Debtor Ideanomics, Inc.United States Bankruptcy Court for the: District of DelawareCase number  
(if known) 24-12728

## 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 01/10/2024  
MM / DD / YYYY

✕

/s/ Alfred Poor

Signature of individual signing on behalf of debtor

Alfred Poor

Printed name

CEO

Position or relationship to debtor