

**Fill in this information to identify the case:**Debtor name **PT Liquidation Corp.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**Case number (if known) **16-05906 swd**☐ 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*..... \$ **0.00**

**1b. Total personal property:**  
Copy line 91A from *Schedule A/B*..... \$ **0.00**

**1c. Total of all property:**  
Copy line 92 from *Schedule A/B*..... \$ **0.00**

**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*..... \$ **9,922,358.96**

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**  
Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

**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*..... +\$ **6,243,153.94**

**4. Total liabilities** ..... \$ **16,165,512.90**  
Lines 2 + 3a + 3b

**Fill in this information to identify the case:**Debtor name PT Liquidation Corp.United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGANCase number (if known) 16-05906 swd☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

☒ No. Go to Part 2.☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

☒ No. Go to Part 3.☐ Yes Fill in the information below.**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

☒ No. Go to Part 4.☐ Yes Fill in the information below.**Part 4: Investments**

13. Does the debtor own any investments?

☒ No. Go to Part 5.☐ Yes Fill in the information below.**Part 5: Inventory, excluding agriculture assets**

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

☒ No. Go to Part 6.☐ Yes Fill in the information below.**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

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

☒ No. Go to Part 7.

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

☒ No. Go to Part 8.☐ Yes Fill in the information below.**Part 8: Machinery, equipment, and vehicles**

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

☒ No. Go to Part 9.☐ Yes Fill in the information below.**Part 9: Real property**

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

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

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

**Description and location of property**

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

**Nature and extent of debtor's interest in property****Net book value of debtor's interest (Where available)****Valuation method used for current value****Current value of debtor's interest**55.1. **Tudor Street****Parcel****11-15-0024-0030-4****Fee Title****Unknown****\$0.00**56. **Total of Part 9.**

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

**\$0.00**

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

☒ No☐ Yes

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

☒ No☐ Yes**Part 10: Intangibles and intellectual property**

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

☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**

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

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

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

Debtor PT Liquidation Corp.  
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In Part 12 copy all of the totals from the earlier parts of the form

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

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Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

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

Column A

Amount of claim

Do not deduct the value of collateral.

**\$9,922,358.96**

Column B

Value of collateral that supports this claim

**\$0.00****2.1 Huntington National Bank**

Creditor's Name

**c/o Rachel Wolock, Esq.  
500 Woodward Ave., Ste.  
4000  
Detroit, MI 48226**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**All assets**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

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

Creditor's email address, if known

Date debt was incurred

**2013-Present**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

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

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.****\$9,922,358.9****6****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

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

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

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

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

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

Amount of claim

3.1	Nonpriority creditor's name and mailing address <b>ACD.NET INC. 1800 N. GRAND RIVER AVE LANSING, MI 48906</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,567.67</b>
3.2	Nonpriority creditor's name and mailing address <b>ACRISURE PO BOX 1788 GRAND RAPIDS, MI 49501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,305.00</b>
3.3	Nonpriority creditor's name and mailing address <b>ADP INC. PO BOX 842875 BOSTON, MA 02284</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$64.00</b>
3.4	Nonpriority creditor's name and mailing address <b>ADP SCREENING &amp; SELECTION SERVICES PO BOX 645177 CINCINNATI, OH 45264</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,632.90</b>

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3.5	Nonpriority creditor's name and mailing address <b>ADVANCED ALARMS INC.</b> <b>3423 HILL STREET</b> <b>ST JOSEPH, MI 49085</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$585.00</b>
3.6	Nonpriority creditor's name and mailing address <b>AIR TECHNOLOGIES</b> <b>PO BOX 73278</b> <b>CLEVELAND, OH 44193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,059.01</b>
3.7	Nonpriority creditor's name and mailing address <b>AIRGAS GREAT LAKES</b> <b>PO BOX 802576</b> <b>CHICAGO, IL 60680</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,869.93</b>
3.8	Nonpriority creditor's name and mailing address <b>ALLIED TOOL PRODUCTS INC.</b> <b>9334 N. 107TH STREET</b> <b>MILWAUKEE, WI 53224</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$912.00</b>
3.9	Nonpriority creditor's name and mailing address <b>ALLOY STEEL TREATING COMPANY</b> <b>PO BOX 28</b> <b>GOBLES, MI 49055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,673.74</b>
3.10	Nonpriority creditor's name and mailing address <b>ALLTHERM SERVICES INC.</b> <b>PO BOX 1525</b> <b>HIGHLAND, IN 46322</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$142,242.96</b>
3.11	Nonpriority creditor's name and mailing address <b>ALRO STEEL CORPORATION</b> <b>DEPT 771478 PO BOX 77000</b> <b>DETROIT, MI 48277</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,951.72</b>



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3.12	Nonpriority creditor's name and mailing address <b>ALTO PRECISION</b> <b>6534 CLAY AVE SW</b> <b>GRAND RAPIDS, MI 49548</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$405.00</b>
<hr/>			
3.13	Nonpriority creditor's name and mailing address <b>AMERICAN DIE CAST</b> <b>PO BOX 1095</b> <b>FENTON, MI 46430</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$95.00</b>
<hr/>			
3.14	Nonpriority creditor's name and mailing address <b>AMERICAN EXPRESS</b> <b>PO BOX 650448</b> <b>DALLAS, TX 75265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,668.99</b>
<hr/>			
3.15	Nonpriority creditor's name and mailing address <b>AMERICAN SAFETY &amp; FIRST AID</b> <b>PO BOX 59</b> <b>OSCEOLA, MI 46561</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$179.00</b>
<hr/>			
3.16	Nonpriority creditor's name and mailing address <b>AMERICAN TOOL SERVICES</b> <b>7007 TRAFALGAR STREET</b> <b>FORT WAYNE, IN 46803</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,851.63</b>
<hr/>			
3.17	Nonpriority creditor's name and mailing address <b>ANTIBUS SCALES &amp; SYSTEMS</b> <b>4809 ILLINOIS ROAD</b> <b>FORT WAYNE, IN 46804</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$727.52</b>
<hr/>			
3.18	Nonpriority creditor's name and mailing address <b>ARCADIA CHEMICAL</b> <b>PO BOX 736</b> <b>LAWTON, MI 49065</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$425.90</b>

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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>ARK INDUSTRIAL MACHINING</b> <b>1007 NICKERSON AVE</b> <b>BENTON HARBOR, MI 49022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,586.68</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>ARNO ROUSE USA LLC</b> <b>1101 WEST DIGGINS STREET</b> <b>HARVARD, IL 60033</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,141.48</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>ASCENTUM CAPITAL</b> <b>PO BOX 301583</b> <b>DALLAS, TX 75303</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$528.42</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>ASHBY FINISHING INC.</b> <b>O BOX 164</b> <b>BRIDGEMAN, MI 49106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,778.43</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>BECK ALUMINUM</b> <b>PO BOX 200638</b> <b>PITTSBURG, PA 15251</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$98,588.03</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>BERGE PLATING WORKS INC.</b> <b>601 25TH AVE</b> <b>ROCK ISLAND, IL 61201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,078.00</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>BERRIEN COUNTY CANCER SERVICE</b> <b>7301 RED ARROW HWY</b> <b>STEVENSVILLE, MI 49127</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$100.00</b>

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3.26	Nonpriority creditor's name and mailing address <b>BERRIEN COUNTY FARM BUREAU OIL</b> <b>PO BOX 299</b> <b>WABASH, IN 46992</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,509.12</b>
3.27	Nonpriority creditor's name and mailing address <b>BOHLER UDDEHOLM NORTH AMERICA</b> <b>75 REMITTANCE DRIVE SUITE 6904</b> <b>CHICAGO, IL 60675</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,154.76</b>
3.28	Nonpriority creditor's name and mailing address <b>BOND FLUIDAIRE INC.</b> <b>5506 36TH ST S.E.</b> <b>GRAND RAPIDS, MI 49512</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$948.28</b>
3.29	Nonpriority creditor's name and mailing address <b>BORGESS LEE MEMORIAL HOSPITAL</b> <b>PO BOX 773173 3173 SOLUTIONS CENTER</b> <b>CHICAGO IL, IL 60677</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$159.37</b>
3.30	Nonpriority creditor's name and mailing address <b>BRAMMALL SUPPLY COMPANY</b> <b>PO BOX 396</b> <b>BENTON HARBOR, MI 49023</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$64,099.17</b>
3.31	Nonpriority creditor's name and mailing address <b>BRIDGVILLE PLASTICS INC.</b> <b>7380 JERICHO ROAD</b> <b>STEVENSVILLE, MI 49127</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,174.57</b>
3.32	Nonpriority creditor's name and mailing address <b>BUCHANAN PALLET PRODUCTS</b> <b>191 SOUTH POST ROAD</b> <b>BUCHANAN, MI 49107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,330.50</b>

Debtor	<b>PT Liquidation Corp.</b> Name	Case number (if known)	<b>16-05906 swd</b>
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>BUCK'S SERVICES</b> <b>700 BRAY STREET</b> <b>NEW CARLISLE, IN 46552</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$696.00</b>
<hr/>			
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>C &amp; H DISTRIBUTORS INC</b> <b>29833 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$282.81</b>
<hr/>			
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>C.H. ROBINSON COMPANY INC.</b> <b>PO BOX 9121</b> <b>MINNEAPOLIS, MN 55480</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
<hr/>			
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>CAST PRODUCTS INC.</b> <b>DEPT 20-1031 PO BOX 5940</b> <b>CAROL STREAM, IL 60197</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,966.52</b>
<hr/>			
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>CHASE CREDIT CARD SERVICES</b> <b>PO BOX 94014</b> <b>PALATINE, IL 60094</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,980.40</b>
<hr/>			
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>CHEMSEARCH SOLUTIONS</b> <b>23261 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,475.00</b>
<hr/>			
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>CIMATRON TECHNOLOGIES INC.</b> <b>41700 GARDENBROOK SUITE 100</b> <b>NOVI, MI 48375</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,810.00</b>

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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>CINTAS CORP LOCATION 336</b> <b>PO BOX 630910</b> <b>CINCINNATI, OH 45263</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45,975.95</b>
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>CIT</b> <b>21146 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,133.49</b>
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF BENTON HARBOR</b> <b>200 E WALL STREET PO BOX 648</b> <b>BENTON HARBOR, MI 49022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,492.22</b>
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF DOWAGIAC</b> <b>ROBBIN COFFEY TREASURER PO BOX 430</b> <b>DOWAGIAC, MI 49047</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,208.87</b>
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3.44	<b>Nonpriority creditor's name and mailing address</b> <b>CITY OF DOWAGIAC</b> <b>PO BOX 430</b> <b>DOWAGIAC, MI 49047</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43,734.86</b>
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3.45	<b>Nonpriority creditor's name and mailing address</b> <b>COMCAST CABLE</b> <b>PO BOX 3002</b> <b>SOUTHEASTERN, PA 19398</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$44.66</b>
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3.46	<b>Nonpriority creditor's name and mailing address</b> <b>COMPETITIVE CARBIDE INC.</b> <b>9332 PINECONE DRIVE</b> <b>MENTOR, OH 44060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,420.34</b>
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Debtor **PT Liquidation Corp.**  
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3.47	Nonpriority creditor's name and mailing address <b>CONNECTION SERVICE COMPANY</b> <b>PO BOX 8728</b> <b>BENTON HARBOR, MI 49023</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$367.62</b>
3.48	Nonpriority creditor's name and mailing address <b>CONSTELLATION NEWENERGY GAS DIV.</b> <b>BANK OF AMERICA 15246 COLLECTIONS</b> <b>CENTE</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$98,311.01</b>
3.49	Nonpriority creditor's name and mailing address <b>CRANE SERVICES INC</b> <b>PO BOX 1207</b> <b>INDIANAPOLIS, IN 46206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$923.01</b>
3.50	Nonpriority creditor's name and mailing address <b>CRESTON INDUSTRIAL SALES</b> <b>1150 FRONT NW</b> <b>GRAND RAPIDS, MI 49504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$269.54</b>
3.51	Nonpriority creditor's name and mailing address <b>CROSS CHECK QUALITY INSPECTION</b> <b>PO BOX 51367</b> <b>BOWLING GREEN, KY 42102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$144.00</b>
3.52	Nonpriority creditor's name and mailing address <b>CROSS CHEMICAL COMPANY INC.</b> <b>1210 MANUFACTURERS DRIVE</b> <b>WESTLAND, MI 48186</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$973.50</b>
3.53	Nonpriority creditor's name and mailing address <b>CUSTOM COATING INC.</b> <b>1937 JACOB STREET PO BOX 143</b> <b>AUBURN, IN 46706</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,357.32</b>

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3.54 Nonpriority creditor's name and mailing address

**CUSTOM HONING INC.  
24840 U.S. 20 WEST  
SOUTHBEND, IN 46628**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$275.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.55 Nonpriority creditor's name and mailing address

**CUSTOM MOLD  
9780 SOUTH FRANKLIN DRIVE  
FRANKLIN, WI 53132**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$50.73**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.56 Nonpriority creditor's name and mailing address

**CUSTOM TOOL & DIE COMPANY  
7059 RED ARROW HIGHWAY  
STEVENS, MI 49127**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$13,934.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.57 Nonpriority creditor's name and mailing address

**DAVID CHESKE  
1944 HATCH  
BENTON HARBOR, MI 49022**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$50.80**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.58 Nonpriority creditor's name and mailing address

**DAYTON FREIGHT LINES INC.  
PO BOX 340  
VANDALIA, OH 45377**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$639.53**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.59 Nonpriority creditor's name and mailing address

**DELUXE BUSINESS CHECKS & SOLUTIONS  
PO BOX 742572  
CINCINNATI, OH 45274**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$650.94**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.60 Nonpriority creditor's name and mailing address

**DIE CAST DATE SCREWS  
9540 BRINDLEWOOD TRAIL  
DAYTON, OH 45458**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$4,367.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes



Debtor **PT Liquidation Corp.**  
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3.61	Nonpriority creditor's name and mailing address <b>DMS DIEMOULD SERVICE COMPANY</b> <b>1026 NATIONAL PARKWAY</b> <b>SCHAUMBURG, IL 60173</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,547.29</b>
3.62	Nonpriority creditor's name and mailing address <b>DOUBLEDAY OFFICE PRODUCTS</b> <b>PO BOX 488</b> <b>BENTON HARBOR, MI 49022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$94.83</b>
3.63	Nonpriority creditor's name and mailing address <b>DOWAGIAC HEATING AND AIR COND.</b> <b>55070 M51 NORTH</b> <b>DOWAGIAC, MI 49047</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$407.25</b>
3.64	Nonpriority creditor's name and mailing address <b>DUMBARTON TOOLINC.</b> <b>151 CLAY DRIVE</b> <b>CADILLAC, OH 49601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,427.98</b>
3.65	Nonpriority creditor's name and mailing address <b>DY-KAST SUPPLY &amp; EQUIPMENT CO</b> <b>1382 LEAR INDUSTRIAL PARK</b> <b>AVON, OH 44011</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$186.90</b>
3.66	Nonpriority creditor's name and mailing address <b>DYNAMIC SURFACE TECHNOLOGIES</b> <b>7784 RONDA DRIVE</b> <b>CANTON, MI 48187</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105.00</b>
3.67	Nonpriority creditor's name and mailing address <b>E-JAY THERMO PRODUCTS INC.</b> <b>PO BOX 70</b> <b>SOUTH HAVEN, MI 49090</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,291.60</b>



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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>ELECTRIC EQUIPMENT CO</b> <b>401 KLOCK ROAD</b> <b>BENTON HARBOR, MI 49022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,644.57</b>
<hr/>			
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>EMPIRE SOLUTIONS</b> <b>2979 REMICO ST. SW</b> <b>GRANDVILLE, MI 49418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,379.00</b>
<hr/>			
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>ENCO MANUFACTURING</b> <b>DEPT CH 14137</b> <b>PALATINE, IL 60055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$255.00</b>
<hr/>			
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>FASTCO INDUSTRIES INC</b> <b>PO BOX 141427</b> <b>GRAND RAPIDS, MI 49514</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57,781.20</b>
<hr/>			
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>FEDEX</b> <b>PO BOX 371461</b> <b>PITTSBURG, PA 15250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$265.02</b>
<hr/>			
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>FLUID POWER ENGINEERING INC.</b> <b>3159 HAGER ROAD PO BOX 266</b> <b>SCHOOLCRAFT, MI 49087</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$77.41</b>
<hr/>			
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>FULL SPECTRUM TECHNOLOGIES</b> <b>PO BOX 1830</b> <b>BRIGHTON, MI 48116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,498.67</b>

Debtor	<b>PT Liquidation Corp.</b> Name	Case number (if known)	<b>16-05906 swd</b>
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3.75	Nonpriority creditor's name and mailing address <b>FW METALS LLC</b> <b>2683 STEWART AVE</b> <b>EVANSTON, IL 60201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,529.50</b>
<hr/>			
3.76	Nonpriority creditor's name and mailing address <b>G.W. SMITH &amp; SONS INC.</b> <b>32309 COLLECTION CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$392,483.47</b>
<hr/>			
3.77	Nonpriority creditor's name and mailing address <b>GARAGE DOORS PLUS MORE</b> <b>33300 M62 WEST</b> <b>DOWAGIAC, MI 49047</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,788.00</b>
<hr/>			
3.78	Nonpriority creditor's name and mailing address <b>GLOBAL EDM SUPPLIES</b> <b>PO BOX 713680</b> <b>CINCINNATI, OH 45271</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$493.00</b>
<hr/>			
3.79	Nonpriority creditor's name and mailing address <b>GLOBAL MOLD TECH MGT.</b> <b>PO BOX 278</b> <b>STEVENSVILLE, MI 49127</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,261.42</b>
<hr/>			
3.80	Nonpriority creditor's name and mailing address <b>GORDON'S FOOD SERVICE</b> <b>PO BOX 88029</b> <b>CHICAGO, IL 60680</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,012.50</b>
<hr/>			
3.81	Nonpriority creditor's name and mailing address <b>GRAINGER</b> <b>DEPT 810570317</b> <b>PALATINE, IL 60038</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$112.33</b>

Debtor **PT Liquidation Corp.**Case number (if known) **16-05906 swd**

3.82	Nonpriority creditor's name and mailing address <b>GRAND RAPIDS LABEL COMPANY</b> <b>2351 OAK INDUSTRIAL DRIVE NE</b> <b>GRAND RAPIDS, MI 49505</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$621.26</b>
3.83	Nonpriority creditor's name and mailing address <b>GREAT AMERICA INSURANCE</b> <b>PO BOX 89400</b> <b>CLEVELAND, OH 44101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$818.05</b>
3.84	Nonpriority creditor's name and mailing address <b>GREAT LAKES WELDING &amp; FABRICATION</b> <b>1425 TOWNLINE ROAD</b> <b>BENTON HARBOR, MI 49022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$42,907.52</b>
3.85	Nonpriority creditor's name and mailing address <b>GRO-MAC ASSOCIATES INC.</b> <b>PO BOX 2501</b> <b>GRAND RAPIDS, MI 49501</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,353.00</b>
3.86	Nonpriority creditor's name and mailing address <b>GT PRODUCTS INC.</b> <b>1500 E. EMPIRE</b> <b>BENTON HARBOR, MI 49022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,210.00</b>
3.87	Nonpriority creditor's name and mailing address <b>HAAS SYSTEMS</b> <b>PO BOX 624</b> <b>DOWAGIAC, MI 49047</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,189.50</b>
3.88	Nonpriority creditor's name and mailing address <b>HALE'S TRUE VALUE HARDWARE INC.</b> <b>56216 M51 SOUTH</b> <b>DOWAGIAC, MI 49047</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$171.00</b>

Debtor **PT Liquidation Corp.**Case number (if known) **16-05906 swd**

Name

3.89	Nonpriority creditor's name and mailing address <b>HANSEN/BALK</b> <b>1230 MONROE AVENUE N.W.</b> <b>GRAND RAPIDS, MI 49505</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$727.24</b>
3.90	Nonpriority creditor's name and mailing address <b>HANSON BEVERAGE SERVICE</b> <b>355 W. MAIDEN LANE</b> <b>ST JOSEPH, MI 49090</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,594.14</b>
3.91	Nonpriority creditor's name and mailing address <b>HARDING'S MARKET</b> <b>106 MARS STREET</b> <b>BERRIEN SPRINGS, MI 49103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,644.56</b>
3.92	Nonpriority creditor's name and mailing address <b>HOLLAND SPECIAL DELIVERY</b> <b>3068 HIGHLAND BLVD</b> <b>HUDSONVILLE, MI 49426</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$115.93</b>
3.93	Nonpriority creditor's name and mailing address <b>HUBBARD SUPPLY COMPANY</b> <b>901 WEST SECOND STREET</b> <b>FLINT, MI 48503</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,801.64</b>
3.94	Nonpriority creditor's name and mailing address <b>HULL LIFT TRUCK INC.</b> <b>28747 OLD US33 WEST</b> <b>ELKART, IN 46516</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,598.75</b>
3.95	Nonpriority creditor's name and mailing address <b>HY-TECH AUTOMATION REPAIRINC.</b> <b>1002 SAINT JEROME STREET</b> <b>MISHAWAKA, IN 46544</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,922.38</b>

Debtor **PT Liquidation Corp.**  
NameCase number (if known) **16-05906 swd**

3.96 Nonpriority creditor's name and mailing address

**HYG FINANCIAL SERVICES  
PO BOX 643749  
PITTSBURG, PA 15264**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$7,053.62

3.97 Nonpriority creditor's name and mailing address

**IMAGINEERING FINISHING TECH  
1302 W. SAMPLE ST.  
SOUTH BEND, IL 46619**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$5,187.20

3.98 Nonpriority creditor's name and mailing address

**IMPERIAL ZINC CORPORATION  
PO BOX 5633  
CAROL STREAM, IL 60197**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$424,535.27

3.99 Nonpriority creditor's name and mailing address

**INDIANA MICHIGAN POWER COMPANY  
PO BOX 24412  
CANTON, OH 44701**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$175,584.38

3.100 Nonpriority creditor's name and mailing address

**INDUSTRIAL INNOVATIONS  
2936 DORMAX ST. SW  
GRANDVILLE, MI 49418**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$2,459.08

3.101 Nonpriority creditor's name and mailing address

**INDUSTRIAL INSTALLATIONS INC.  
55587 CURRENT ROAD  
MISHAWAKA, IN 46545**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$31,480.00

3.102 Nonpriority creditor's name and mailing address

**INDUSTRIAL SORTING SERVICE  
2599 COMMERCE BLVD  
SHARONVILLE, OH 45241**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$1,799.25

Debtor	<b>PT Liquidation Corp.</b> Name	Case number (if known)	<b>16-05906 swd</b>
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3.103	Nonpriority creditor's name and mailing address <b>INSULATION SPECIALTIES</b> <b>PO BOX 10</b> <b>WANATAH, IN 46390</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,972.36</b>
<hr/>			
3.104	Nonpriority creditor's name and mailing address <b>INTRAMETCO</b> <b>14297 BERGEN BLVD SUITE 200</b> <b>NOBLESVILLE, IN 46060</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$481,523.91</b>
<hr/>			
3.105	Nonpriority creditor's name and mailing address <b>IPFS CORPORATION</b> <b>24722 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$788.29</b>
<hr/>			
3.106	Nonpriority creditor's name and mailing address <b>J &amp; S CHEMICAL CORPORATION</b> <b>PO BOX 73697</b> <b>CLEVELAND, OH 44193</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,785.90</b>
<hr/>			
3.107	Nonpriority creditor's name and mailing address <b>JAMES ANTISDEL</b> <b>509 S. REDBUD TRAIL</b> <b>BUCHANAN, MI 49107</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38.00</b>
<hr/>			
3.108	Nonpriority creditor's name and mailing address <b>JIM NELSON</b> <b>4535 LAKE CHAPIN SHORES</b> <b>BERRIEN SPRINGS, MI 49103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,475.00</b>
<hr/>			
3.109	Nonpriority creditor's name and mailing address <b>KALBLUE</b> <b>914 E. VINE STREET</b> <b>KALAMAZOO, MI 49001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$594.66</b>

Debtor **PT Liquidation Corp.**Case number (if known) **16-05906 swd**

Name

3.110 Nonpriority creditor's name and mailing address

**KENDALL ELECTRIC INC.  
PO BOX 671121  
DETROIT, MI 48267**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$2,417.61

3.111 Nonpriority creditor's name and mailing address

**KERR PUMP AND SUPPLY  
DRAWER 64185  
DETROIT, IN 48264**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$231.56

3.112 Nonpriority creditor's name and mailing address

**KML SPECIALTY CHEMICAL  
PO BOX 380  
LAOTTO, IN 46763**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$3,000.00

3.113 Nonpriority creditor's name and mailing address

**KOONTZ-WAGNER ELECTRIC COMPANY  
3801 VOORDE DRIVE SUITE B  
SOUTH BEND, IN 46628**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$726.00

3.114 Nonpriority creditor's name and mailing address

**LACH DIAMOND INC.  
4350 AIRWEST DRIVE SE  
GRAND RAPIDS, MI 49512**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$2,710.89

3.115 Nonpriority creditor's name and mailing address

**LAKE X-RAY  
57120 WOODHOUSE DRIVE  
DOWAGIAC, MI 49047**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$200.00

3.116 Nonpriority creditor's name and mailing address

**LAKELAND HEATHCARE  
PO BOX 410  
ST. JOSEPH, MI 49085**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

\$784.25



Debtor **PT Liquidation Corp.**Case number (if known) **16-05906 swd**

Name

3.117 Nonpriority creditor's name and mailing address

**LAKELAND HOSPITALS  
PO BOX 410  
ST. JOSEPH, MI 49085**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$1,208.10**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.118 Nonpriority creditor's name and mailing address

**LAURAND ASSOCIATES  
11 GRACE AVE SUITE 405  
GREAT NECK, NY 11012**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$216,213.79**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.119 Nonpriority creditor's name and mailing address

**LECO CORPORATION  
3000 LAKEVIEW AVENUE  
ST. JOSEPH, MI 49085**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$492.71**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.120 Nonpriority creditor's name and mailing address

**LESLIE FROST  
122 W. ROE STREET  
BUCHANAN, MI 49107**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$45.54**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.121 Nonpriority creditor's name and mailing address

**LEWIS PAPER PLACE INC.  
3419 VOORDE DRIVE  
SOUTH BEND, IN 46628**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$698.77**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.122 Nonpriority creditor's name and mailing address

**LOCKE BROTHERS INC.  
2525N. 124TH STREET SUITE 220  
BROOKFIELD, IL 53005**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$6,199.36**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.123 Nonpriority creditor's name and mailing address

**M&I MACHINE  
PO BOX 1243  
BENTON HARBOR, MI 49023**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$6,680.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes



Debtor	<b>PT Liquidation Corp.</b> Name _____	Case number (if known)	<b>16-05906 swd</b>
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3.124	Nonpriority creditor's name and mailing address <b>M&amp;M CORE AND RECYCLING</b> <b>357 S. MATTESON</b> <b>BRONSON, MI 49028</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,324.80</b>
<hr/>			
3.125	Nonpriority creditor's name and mailing address <b>MANN METAL FINISHING</b> <b>200 PROSPECT ST.</b> <b>HARTFORD, MI 49057</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,567.64</b>
<hr/>			
3.126	Nonpriority creditor's name and mailing address <b>MARTIN FLUID POWER COMPANY</b> <b>84 MINNESOTA DRIVE</b> <b>TROY, MI 48083</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$970.45</b>
<hr/>			
3.127	Nonpriority creditor's name and mailing address <b>MATERIALS RESOURCES</b> <b>815 LESTER AVENUE</b> <b>ST. JOSEPH, MI 49085</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,020.58</b>
<hr/>			
3.128	Nonpriority creditor's name and mailing address <b>MAXIMUM FIRE PROTECTION</b> <b>PO BOX 175</b> <b>DOWAGIAC, MI 49047</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$655.00</b>
<hr/>			
3.129	Nonpriority creditor's name and mailing address <b>MAXIMUM MOLD</b> <b>1440 TERRITORIAL ROAD</b> <b>BENTON HARBOR, MI 49022</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49,924.00</b>
<hr/>			
3.130	Nonpriority creditor's name and mailing address <b>MAZAK CORPORATION</b> <b>PO BOX 702300</b> <b>CINCINNATI, OH 45270</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$219.08</b>

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Name

3.131	Nonpriority creditor's name and mailing address <b>MCMaster-CARR SUPPLY COMPANY</b> <b>PO BOX 7690</b> <b>CHICAGO, IL 60680</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$519.44</b>
3.132	Nonpriority creditor's name and mailing address <b>MERCEDES-BENZ FINANCIAL SERVICES</b> <b>PO BOX 5260</b> <b>CAROL STREAM, IL 60197</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,542.09</b>
3.133	Nonpriority creditor's name and mailing address <b>METAL EXCHANGE</b> <b>111 WEST PORT PLAZA SUITE 700</b> <b>ST LOUIS, MO 63146</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$258,277.67</b>
3.134	Nonpriority creditor's name and mailing address <b>METAL SOURCE</b> <b>PO BOX 238</b> <b>WABASH, IN 46922</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$668,260.36</b>
3.135	Nonpriority creditor's name and mailing address <b>MGA INTERNATIONAL LOGISTICS</b> <b>24 THE EAST MALL UNIT 12</b> <b>TORONTO, ONT M8W4W5</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.00</b>
3.136	Nonpriority creditor's name and mailing address <b>MICHIANA RECYCLING &amp; DISPOSAL INC.</b> <b>PO BOX 1148</b> <b>NILES, MI 49120</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,812.88</b>
3.137	Nonpriority creditor's name and mailing address <b>MICHIANA SUPPLY INC.</b> <b>1502 MILTON</b> <b>BENTON HARBOR, MI 49022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,713.39</b>

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3.138	Nonpriority creditor's name and mailing address <b>MICHIGAN GAS UTILITIES</b> <b>PO BOX 3140</b> <b>MILWAUKEE, WI 53201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40.06</b>
3.139	Nonpriority creditor's name and mailing address <b>MICHIGAN MILL &amp; ABRASIVE</b> <b>PO BOX 788</b> <b>STERLING HEIGHTS, MI 48310</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$476.50</b>
3.140	Nonpriority creditor's name and mailing address <b>MICHIGAN PRECISION TOOL &amp; ENGINEER</b> <b>613 RUDY ROAD</b> <b>DOWAGIAC, MI 49047</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$64,217.77</b>
3.141	Nonpriority creditor's name and mailing address <b>MID-STATES BOLT &amp; SCREW COMPANY</b> <b>PO BOX 2050</b> <b>FLINT, MI 48501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,856.68</b>
3.142	Nonpriority creditor's name and mailing address <b>MIDWEST INDUSTRIAL SERVICES INC.</b> <b>1702 HYDRAULIC DRIVE SUITE B</b> <b>HOWELL, MI 48855</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$696.00</b>
3.143	Nonpriority creditor's name and mailing address <b>MILLER JOHNSON</b> <b>PO BOX 306</b> <b>GRAND RAPIDS, MI 49501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$367,246.24</b>
3.144	Nonpriority creditor's name and mailing address <b>MODINEER COATINGS DIVISION</b> <b>2190 INDUSTRIAL DRIVE</b> <b>NILES, MI 49120</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,568.54</b>

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3.145	Nonpriority creditor's name and mailing address <b>MOTION INDUSTRIES INC.</b> <b>PO BOX 98412</b> <b>CHICAGO, IL 60693</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$902.54</b>
3.146	Nonpriority creditor's name and mailing address <b>MS COMPANIES LLC</b> <b>6610 N. SHADELAND AVENUE</b> <b>INDIANAPOLIS, IN 49220</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$406.00</b>
3.147	Nonpriority creditor's name and mailing address <b>MSC INDUSTRIAL SUPPLY COMPANY</b> <b>DEPT. CH 0075</b> <b>PALATINE, IL 60055</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,086.70</b>
3.148	Nonpriority creditor's name and mailing address <b>MTMIC</b> <b>PO BOX 9150</b> <b>FARMINGTON HILLS, MI 48333</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,883.00</b>
3.149	Nonpriority creditor's name and mailing address <b>MYERS FORKLIFT LLC</b> <b>511 SOUTH FRONT STREET</b> <b>DOWAGIAC, MI 49047</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,170.91</b>
3.150	Nonpriority creditor's name and mailing address <b>NADCA</b> <b>241 HOLBROOK DRIVE</b> <b>WHEELING, IL 60090</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,750.00</b>
3.151	Nonpriority creditor's name and mailing address <b>NATIONAL LADDER AND SCAFFOLD</b> <b>23-44TH ST. SE</b> <b>GRAND RAPIDS, MI 49548</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$300.12</b>

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3.152	Nonpriority creditor's name and mailing address <b>NEW CENTURY INC.</b> <b>10187 JACKSON ROAD</b> <b>OSCEOLA, MI 46561</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,211.38</b>
3.153	Nonpriority creditor's name and mailing address <b>ONE WAY PRODUCTS INC</b> <b>433 EAST RANSOM</b> <b>KALAMAZOO, MI 49007</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$271.38</b>
3.154	Nonpriority creditor's name and mailing address <b>ONSITE MACHINING INC.</b> <b>11354 N. ALGER RD.</b> <b>ALMA, MI 48801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,852.08</b>
3.155	Nonpriority creditor's name and mailing address <b>ORONOKO CHARTER TOWNSHIP</b> <b>DAVID W. LADD TREASURER PO BOX 214</b> <b>BERRIEN SPRINGS, MI 49103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,645.00</b>
3.156	Nonpriority creditor's name and mailing address <b>PADNOS</b> <b>3495 VIADUCT SW</b> <b>GRANDVILLE, MI 49418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,823.04</b>
3.157	Nonpriority creditor's name and mailing address <b>PALL CORPORATION</b> <b>PO BOX 419501</b> <b>BOSTON, MA 02241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$244,132.51</b>
3.158	Nonpriority creditor's name and mailing address <b>PEERLESS STEEL</b> <b>PO BOX 77396 DEPT 77000</b> <b>DETROIT, MI 48277</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$475.02</b>

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3.159	Nonpriority creditor's name and mailing address <b>PITNEY BOWES GLOBAL</b> <b>PO BOX 371887</b> <b>PITTSBURGH, PA 15250</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$682.64</b>
<hr/>			
3.160	Nonpriority creditor's name and mailing address <b>PLANTE &amp; MORAN PLLC</b> <b>16060 COLLECTIONS CENTER DRIVE</b> <b>CHICAGO, IL 60693</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$74,795.00</b>
<hr/>			
3.161	Nonpriority creditor's name and mailing address <b>POWELL TOOL SUPPLY INC.</b> <b>PO BOX 1854</b> <b>NORTH CANTON, OH 44720</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,393.71</b>
<hr/>			
3.162	Nonpriority creditor's name and mailing address <b>PRI MAR PETROLEUM INC.</b> <b>1207 BROAD STREET</b> <b>ST JOSEPH, MI 49085</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150,265.85</b>
<hr/>			
3.163	Nonpriority creditor's name and mailing address <b>PROFESSIONAL PUMPINC.</b> <b>41300 COCA COLA DRIVE</b> <b>BELLEVILLE, MI 48111</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,393.88</b>
<hr/>			
3.164	Nonpriority creditor's name and mailing address <b>PROFORMA</b> <b>PO BOX 640814</b> <b>CINCINNATI, OH 45264</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,887.96</b>
<hr/>			
3.165	Nonpriority creditor's name and mailing address <b>PROGRESSIVE COMPONENTS</b> <b>DEPARTMENT 20-7006 PO BOX 5997</b> <b>CAROL STREAM, IL 60197</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$910.70</b>

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3.166	Nonpriority creditor's name and mailing address <b>PROVIDENT LIFE AND ACCIDENT</b> <b>LOCKBOX #403748</b> <b>ATLANTA, GA 30384</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,705.95</b>
<hr/>			
3.167	Nonpriority creditor's name and mailing address <b>PYROTEKINC</b> <b>PO BOX 203024</b> <b>DALLAS, TX 75320</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$185.00</b>
<hr/>			
3.168	Nonpriority creditor's name and mailing address <b>QUILL CORPORATION</b> <b>PO BOX 37600</b> <b>PHILADELPHIA, PA 19101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$815.59</b>
<hr/>			
3.169	Nonpriority creditor's name and mailing address <b>R.A. MORT SUPPLY COMPANY</b> <b>PO BOX 1406</b> <b>BENTON HARBOR, MI 49023</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,711.56</b>
<hr/>			
3.170	Nonpriority creditor's name and mailing address <b>RAPID CONTROL SERVICE INC.</b> <b>2479 28TH STREET S.W.</b> <b>GRAND RAPIDS, MI 49519</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$588.00</b>
<hr/>			
3.171	Nonpriority creditor's name and mailing address <b>RELiance FINISHING CO.</b> <b>1236 JUDD AVE. S.W.</b> <b>GRAND RAPIDS, MI 49509</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,110.82</b>
<hr/>			
3.172	Nonpriority creditor's name and mailing address <b>RENISHAW INCORPORATED</b> <b>5277 TRILLIUM BOULEVARD</b> <b>HOFFMAN ESTATES, IL 60192</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,039.60</b>



Debtor **PT Liquidation Corp.**Case number (if known) **16-05906 swd**

Name

3.173 Nonpriority creditor's name and mailing address

**RESISTANCE WELDING  
255 PALLADIUM DR.  
ST. JOSEPH, MI 49085**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$2,099.12**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.174 Nonpriority creditor's name and mailing address

**RIDGE & KRAMER AUTO PARTS  
100 N. MECHANIC STREET  
BERRIEN SPRINGS, MI 49103**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$192.42**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.175 Nonpriority creditor's name and mailing address

**RIDGE NAPA AUTO  
104 WEST DIVISION ST.  
DOWAGIAC, MI 49047**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$334.44**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.176 Nonpriority creditor's name and mailing address

**RIMROCK  
DEPT 781518 PO BOX 78000  
DETROIT, MI 48278**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$2,777.50**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.177 Nonpriority creditor's name and mailing address

**RX OPTICAL  
1700 SOUTH PARK  
KALAMAZOO, MI 49001**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$86.50**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.178 Nonpriority creditor's name and mailing address

**S&S INDUSTRIAL SUPPLYINC  
7600 S. SPRINKLE ROAD  
PORTAGE, MI 49002**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$6,798.01**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

3.179 Nonpriority creditor's name and mailing address

**SEMCO ENERGY GAS COMPANY  
PO BOX 3140  
MILWAUKEE, WI 53201**

Date(s) debt was incurred \_

Last 4 digits of account number \_

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

**\$13,112.12**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes



Debtor	<b>PT Liquidation Corp.</b> Name	Case number (if known)	<b>16-05906 swd</b>
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3.180	Nonpriority creditor's name and mailing address <b>SEMCO INC.</b> <b>1025 POLE LANE ROAD</b> <b>MARION, OH 43302</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,743.95</b>
<hr/>			
3.181	Nonpriority creditor's name and mailing address <b>SHELL FLEET</b> <b>PO BOX 183019</b> <b>COLUMBUS, OH 43218</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,491.21</b>
<hr/>			
3.182	Nonpriority creditor's name and mailing address <b>SHIPPERS SUPPLY CO.</b> <b>1735 W. BURNETT STREET</b> <b>LOUISVILLE, KY 40210</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$302.38</b>
<hr/>			
3.183	Nonpriority creditor's name and mailing address <b>SILVERS METALS</b> <b>1401 WOODLAND STREET</b> <b>DETROIT, MI 48211</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,000.00</b>
<hr/>			
3.184	Nonpriority creditor's name and mailing address <b>SLOWIK REFRIGERATION</b> <b>2414 RIVERBEND DRIVE</b> <b>BENTON HARBOR, MI 49022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$856.38</b>
<hr/>			
3.185	Nonpriority creditor's name and mailing address <b>SOPER MANUFACTURING COMPANY</b> <b>3638 BACON SCHOOL ROAD</b> <b>ST JOSEPH, MI 49085</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$60.11</b>
<hr/>			
3.186	Nonpriority creditor's name and mailing address <b>SOUTHWESTERN SUPPLY CORP.</b> <b>4728 NILES ROAD</b> <b>ST. JOSEPH, MI 49085</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,428.98</b>

Debtor	<b>PT Liquidation Corp.</b> Name _____	Case number (if known)	<b>16-05906 swd</b>
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3.187	Nonpriority creditor's name and mailing address <b>SPECTRO ALLOYS CORPORATION</b> <b>BIN #130102 PO BOX 9201-02</b> <b>MINNEAPOLIS, MN 55480</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$704,349.40</b>
<hr/>			
3.188	Nonpriority creditor's name and mailing address <b>STATE OF MICHIGAN</b> <b>7150 HARRIS DRIVE PO BOX 90644</b> <b>LANSING MI, MI 48909</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$735.42</b>
<hr/>			
3.189	Nonpriority creditor's name and mailing address <b>STATE OF MICHIGAN</b> <b>2942 FULLER AVE NW</b> <b>GRAND RAPIDS, MI 49505</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$937.50</b>
<hr/>			
3.190	Nonpriority creditor's name and mailing address <b>STEVEN BRAUSCH</b> <b>59241 CR 215</b> <b>LAWRENCE, MI 49064</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$52.00</b>
<hr/>			
3.191	Nonpriority creditor's name and mailing address <b>STORK KELCH &amp; ASSOCIATES INC.</b> <b>14 REMICK BLVD SUITE 24</b> <b>SPRINGBORO, OH 45066</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,140.51</b>
<hr/>			
3.192	Nonpriority creditor's name and mailing address <b>STORK KELCH &amp; ASSOCIATES INC.</b> <b>PO BOX 341427</b> <b>BEAVERCREEK, OH 45434</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$104,808.52</b>
<hr/>			
3.193	Nonpriority creditor's name and mailing address <b>THAYER INC</b> <b>PO BOX 867</b> <b>BENTON HARBOR, MI 49023</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>

Debtor	<b>PT Liquidation Corp.</b> Name	Case number (if known)	<b>16-05906 swd</b>
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3.194	<b>Nonpriority creditor's name and mailing address</b> <b>THREE OAKS ENGRAVING &amp; ENGINEERING</b> <b>14381 THREE OAKS ROAD</b> <b>THREE OAKS, MI 48128</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$840.00</b>
<hr/>			
3.195	<b>Nonpriority creditor's name and mailing address</b> <b>TMI COMPRESSED AIR SYSTEMS</b> <b>2626 SANFORD AVE SW</b> <b>GRANDVILLE, MI 49418</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,637.94</b>
<hr/>			
3.196	<b>Nonpriority creditor's name and mailing address</b> <b>TOEFCO ENGINEERED COATING SYS. INC</b> <b>1220 NORTH 14TH STREET</b> <b>NILES, MI 49120</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,379.48</b>
<hr/>			
3.197	<b>Nonpriority creditor's name and mailing address</b> <b>TOM HORN</b> <b>11159 RED ARROW HWY B1</b> <b>BRIDGMAN, MI 49106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$77.60</b>
<hr/>			
3.198	<b>Nonpriority creditor's name and mailing address</b> <b>TOYOTA MOTOR CREDIT CORPORATION</b> <b>COMMERCIAL FINANCE PO BOX 2431</b> <b>CAROL STREAM, IL 60132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,008.27</b>
<hr/>			
3.199	<b>Nonpriority creditor's name and mailing address</b> <b>TRI-TECH OF FLORIDA INC.</b> <b>5151 PARK STREET N.</b> <b>ST. PETERSBURG, FL 33709</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,037.58</b>
<hr/>			
3.200	<b>Nonpriority creditor's name and mailing address</b> <b>TRIBUNE TECHNOLOGIES INC.</b> <b>PO BOX 78175</b> <b>GREENSBORO, NC 27427</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,841.50</b>

Debtor	<b>PT Liquidation Corp.</b> <small>Name</small>	Case number (if known)	<b>16-05906 swd</b>
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3.201	<b>Nonpriority creditor's name and mailing address</b> <b>TRINITY METALS LLC</b> <b>6400 ENGLISH Ave</b> <b>INDIANAPOLIS, IN 49219</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,363.06</b>
<hr/>			
3.202	<b>Nonpriority creditor's name and mailing address</b> <b>TRU DIE CAST</b> <b>PO BOX 366</b> <b>NEW TROY, MI 49119</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$41,120.00</b>
<hr/>			
3.203	<b>Nonpriority creditor's name and mailing address</b> <b>TURN-KEY SOLUTIONS INC.</b> <b>3550 WALKER AVE N.W.</b> <b>WALKER, MI 49534</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,277.28</b>
<hr/>			
3.204	<b>Nonpriority creditor's name and mailing address</b> <b>TYMAC PROCESS AUTOMATION</b> <b>23 CHUBBY LANE</b> <b>MONTAGUE, NJ 07827</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$410.50</b>
<hr/>			
3.205	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. BANCORP EQUIPMENT FINANCE INC</b> <b>PO BOX 790413</b> <b>ST. LOUIS, MO 63179</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,142.36</b>
<hr/>			
3.206	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. BUSINESS SYSTEMS INC.</b> <b>3221 SOUTHVIEW DRIVE</b> <b>ELKHART, IN 46514</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,056.72</b>
<hr/>			
3.207	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. METALS INC.</b> <b>PO BOX 396</b> <b>MENTONE, IN 46539</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,400.00</b>

Debtor	<b>PT Liquidation Corp.</b> Name	Case number (if known)	<b>16-05906 swd</b>
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3.208	<b>Nonpriority creditor's name and mailing address</b> <b>ULINE</b> <b>PO BOX 88741</b> <b>CHICAGO, IL 60680</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$723.99</b>
<hr/>			
3.209	<b>Nonpriority creditor's name and mailing address</b> <b>ULTRA SEAL INC.</b> <b>PO BOX 118</b> <b>BRIDGMAN, MI 49106</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,919.48</b>
<hr/>			
3.210	<b>Nonpriority creditor's name and mailing address</b> <b>UNISHIPPERS</b> <b>PO BOX 1120</b> <b>MERIDIAN, ID 83680</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,789.04</b>
<hr/>			
3.211	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED PARCEL SERVICE</b> <b>LOCKBOX 577</b> <b>CAROL STREAM, IL 60132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18.01</b>
<hr/>			
3.212	<b>Nonpriority creditor's name and mailing address</b> <b>UNIVERSAL STAMPING INC.</b> <b>PO BOX 25577</b> <b>SCOTTSDALE, AZ 85255</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,895.24</b>
<hr/>			
3.213	<b>Nonpriority creditor's name and mailing address</b> <b>UNUMPROVIDENT</b> <b>PO BOX 409548</b> <b>ATLANTA, GA 30384</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,336.41</b>
<hr/>			
3.214	<b>Nonpriority creditor's name and mailing address</b> <b>US DIE CASTING EQUIPMENT INC.</b> <b>605 W. MONROE</b> <b>BANGOR, MI 49013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,925.00</b>

Debtor **PT Liquidation Corp.**  
NameCase number (if known) **16-05906 swd**

3.215	Nonpriority creditor's name and mailing address <b>USF HOLLAND INC.</b> <b>27052 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,881.21</b>
3.216	Nonpriority creditor's name and mailing address <b>VEKTEK INC.</b> <b>3812 SOUTH LEONARD ROAD</b> <b>ST JOSEPH, MI 64503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,727.54</b>
3.217	Nonpriority creditor's name and mailing address <b>VILLAGE DO IT BEST HARDWARE</b> <b>106 W.FERRY STREET</b> <b>BERRIEN SPRINGS, MI 49103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$615.59</b>
3.218	Nonpriority creditor's name and mailing address <b>VILLAGE OF BERRIEN SPRINGS</b> <b>ATTN: TREASURER PO BOX 182</b> <b>BERRIEN SPRINGS, MI 49103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,231.30</b>
3.219	Nonpriority creditor's name and mailing address <b>WARNER NORCROSS &amp; JUDD LLP</b> <b>900 FIFTH THIRD CENTER 111 LYON</b> <b>STREET N</b> <b>GRAND RAPIDS, MI 49503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$109,701.65</b>
3.220	Nonpriority creditor's name and mailing address <b>WASTE RECOVERY SYSTEMS INC.</b> <b>4750 CLYDE PARK SW</b> <b>WYOMING MI, MI 49509</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,359.80</b>
3.221	Nonpriority creditor's name and mailing address <b>WATKINS ROSS &amp; COMPANY</b> <b>200 OTTAWA AVE NW SUITE 600</b> <b>GRAND RAPIDS, MI 49503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,148.00</b>

Debtor **PT Liquidation Corp.**  
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3.222	Nonpriority creditor's name and mailing address <b>WAYNE TOWNSHIP</b> <b>JUDITH FUSKO TREASURER PO BOX 304</b> <b>DOWAGIAC, MI 49047</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,296.03</b>
3.223	Nonpriority creditor's name and mailing address <b>WELCH PACKAGING GROUP</b> <b>24775 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,821.87</b>
3.224	Nonpriority creditor's name and mailing address <b>WHEELABRATOR</b> <b>PO BOX 73987</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$542.17</b>
3.225	Nonpriority creditor's name and mailing address <b>WILLIS OF MICHIGAN</b> <b>PO BOX 416719</b> <b>BOSTON, MA 02241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.226	Nonpriority creditor's name and mailing address <b>WOOD TEMPORARY SERVICES</b> <b>PO BOX 8670</b> <b>BENTON HARBOR, MI 49023</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$43,454.43</b>
3.227	Nonpriority creditor's name and mailing address <b>XPO EXPRESS</b> <b>27724 NETWORK PLACE</b> <b>CHICAGO, IL 60673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,786.02</b>
3.228	Nonpriority creditor's name and mailing address <b>XPO LOGISTICS</b> <b>PO BOX 5160</b> <b>PORTLAND, OR 97208</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,917.22</b>



Debtor <b>PT Liquidation Corp.</b> Name _____	Case number (if known) <b>16-05906 swd</b>
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<b>3.229</b> Nonpriority creditor's name and mailing address <b>YOUNGBLOOD AIR SYSTEMS</b> <b>300 36TH STREET SE</b> <b>GRAND RAPIDS, MI 49548</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$109.91</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.230</b> Nonpriority creditor's name and mailing address <b>Z-BRITE METAL FINISHING</b> <b>6979 STEVENSVILLE-BORODA RD</b> <b>STEVENSVILLE, MI 49127</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$7,262.77</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.231</b> Nonpriority creditor's name and mailing address <b>ZAGAR INC.</b> <b>24000 LAKEWOOD BLVD</b> <b>CLEVELAND, OH 44132</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$674.30</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.232</b> Nonpriority creditor's name and mailing address <b>ZEISS IMT CORPORATION</b> <b>25065 NETWORK PLACE</b> <b>CHICAGO, IL 60073</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <span style="float: right;"><b>\$8,681.78</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

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

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

## Total of claim amounts

5a. Total claims from Part 1

5a. \$ 0.00

5b. Total claims from Part 2

5b. + \$ 6,243,153.94

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

5c. \$ 6,243,153.94



**Fill in this information to identify the case:**Debtor name PT Liquidation Corp.United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGANCase number (if known) 16-05906 swd☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

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

**1. Does the debtor have any executory contracts or unexpired leases?**☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease****2.1** State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

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

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

State the term remaining

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

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

State the term remaining

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

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

State the term remaining

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

**Fill in this information to identify the case:**Debtor name PT Liquidation Corp.United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGANCase number (if known) 16-05906 swd☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors**

12/15

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

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

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

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

*Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	<i>Check all schedules that apply:</i>
2.1 MV Metals Products & Solutions	3585 Bellflower Kalamazoo, MI 49004	Huntington National Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 Premier Lakewood, Inc.	201 Winchester Rd. Lakewood, NY 14570	Huntington National Bank	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

**Fill in this information to identify the case:**Debtor name PT Liquidation Corp.United States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGANCase number (if known) 16-05906 swd☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

**Declaration and signature**

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

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

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

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

Executed on

12-30-2016

Signature of individual signing on behalf of debtor

Printed name

Position or relationship to debtor