

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

RESTAURANTS ACQUISITION I, LLC,<sup>1</sup>

Debtor.

Chapter 11

Case No. 15-12406 (KG)

**SCHEDULES OF ASSETS AND LIABILITIES**

Dated: February 2, 2016

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*Counsel to Debtor and Debtor-in-Possession  
Restaurants Acquisition I, LLC*

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<sup>1</sup>The Debtor's mailing address is 313 East Main Street, Suite 2, Hendersonville, TN. The last four digits of its tax identification number are 8761.

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Case No. 15-12406 (KG)

**GLOBAL NOTES AND STATEMENTS OF LIMITATIONS, METHODS AND  
DISCLAIMER REGARDING THE DEBTOR'S SCHEDULES OF ASSETS AND  
LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

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Restaurants Acquisition, I, LLC (the “Debtor”) is filing its Schedules of Assets and Liabilities (the “Schedules”) and Statement of Financial Affairs (the “Statements” and, with the Schedules, the “Schedules and Statements”) in the United States Bankruptcy Court for the District of Delaware (the “Bankruptcy Court”). The Debtor, with the assistance of its counsel, prepared the Schedules and Statements in accordance with section 521 of title 11 of the United States Code, 11 U.S.C. §§ 101-1532 (the “Bankruptcy Code”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure.

These Global Notes and Statements of Limitations, Methods and Disclaimer Regarding the Debtor’s Schedules and Statements (the “Global Notes”) pertain to, are incorporated by reference in and comprise an integral part of the Schedules and Statements. These Global Notes should be referred to and reviewed in connection with any review of the Schedules and Statements.<sup>2</sup>

The Schedules and Statements were prepared by the Debtor’s management in reliance upon the financial data derived from the Debtor’s books and records as available at the time of such preparation. They are unaudited. While those members of management responsible for the preparation of the Schedules and Statements have made a reasonable effort to ensure that they are accurate and complete based on information known to them at the time of preparation and after reasonable inquiries, inadvertent errors may exist therein. Also, the subsequent receipt of information may result in material changes in financial and other data contained in the Schedules and Statements, warranting amendment of the same. Moreover, because the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, there can be no assurance that these Schedules and Statements are complete or accurate.

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<sup>1</sup>The Debtor’s mailing address is 313 East Main Street, Suite 2, Hendersonville, TN. The last four digits of its tax identification number are 8761.

<sup>2</sup> These Global Notes are in addition to the specific notes contained in any of the Debtor’s Schedules and Statements.

1. Case. On December 2, 2015 (the “Petition Date”), the Debtor filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code.

2. Reporting Date. Financial information relating to the assets and liabilities reported in the Schedules and Statements is provided as of the Petition Date, unless otherwise indicated.

3. Amendments. The Debtor reserves the right to amend the Schedules and Statements in all respects at any time as may be necessary or appropriate, including, without limitation, the right to dispute or to assert offsets or defenses to any claim reflected on the Schedules and Statements as to amount, to liability, or to classification, or to otherwise subsequently designate any claim as “disputed,” “contingent,” or “unliquidated.” Any failure to designate a claim as “contingent,” “unliquidated,” or “disputed” does not constitute an admission by the Debtor that such claim is not “contingent,” “unliquidated,” or “disputed.”

4. Estimates and Assumptions. The preparation of the Schedules and Statements may have required the Debtor to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosures of contingent assets and liabilities on the date of the Schedules and Statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

5. Unknown Amounts. Some of the scheduled assets and liabilities may be unknown and unliquidated at this time. In such cases, the amounts are listed as “Unknown.” Accordingly, the Schedules and the Statements may not accurately reflect the aggregate amount of the Debtor’s assets or liabilities.

6. Pre-petition v. Post-Petition. The Debtor has sought to allocate liabilities between the pre-petition and post-petition periods based on the information obtained from research that was conducted in connection with the preparation of these Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between pre-petition and post-petition periods may change.

7. GAAP. Given the difference between the information requested in the Schedules and Statements, and the financial information utilized under generally accepted accounting principles in the United States (“GAAP”), the aggregate asset values and claim amounts set forth in the Schedules and Statements may not necessarily reflect the amounts that would be set forth in a balance sheet prepared in accordance with GAAP.

8. Asset Values. It would be prohibitively expensive, unduly burdensome, and time-consuming to obtain current market valuations of the Debtor’s property interests. To the extent any asset value is listed herein, and unless otherwise noted therein, book values rather than current market values of the Debtor’s property interests are reflected in the applicable Schedule. Unless otherwise indicated, all asset amounts and claim amounts are listed as of the Petition Date.

9. Challenge of Liens. Except as otherwise agreed pursuant to a stipulation or agreed order or general order entered by the Bankruptcy Court, the Debtor reserves the right to dispute or to challenge the validity, perfection, or immunity from avoidance of any lien or security interest purported to be granted or perfected in any specific asset to a secured creditor listed on Schedule D. Moreover, although the Debtor may have scheduled claims of various creditors as secured claims, the Debtor reserves all of its rights to dispute or to challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim. The description provided on Schedule D is intended only to be a summary.

10. First-Day Orders. Pursuant to various orders issued by the Bankruptcy Court (the "First Day Orders"), the Debtor was authorized to pay certain outstanding pre-petition claims, including, without limitation, claims relating to employee compensation, benefits, reimbursable business expenses, critical vendors, certain taxing authorities and certain other expenses. However, the claims listed in the Schedules and Statements may not reflect amounts paid pursuant to these various First Day Orders as they were unpaid as of the Petition Date. Moreover, to the extent such a claim is listed on the Schedules and Statements, inadvertently or otherwise, the Debtor does not waive any right to amend the Schedules and Statements or subsequently to object to such claims.

11. Executory Contracts and Unexpired Leases. For purposes of the Schedules and Statements, the Debtor has only scheduled claims and executory contracts for which the Debtor may be contractually and/or directly liable. While every reasonable effort has been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors or omissions may have occurred. The Debtor hereby reserves all of its rights to dispute the validity, status or enforceability of any contract, agreement, or lease set forth on Schedule G that may have expired or may have been modified, amended, and/or supplemented from time to time by various amendments, restatements, waivers, letters and other documents, instruments, and agreements, which may not be listed on Schedule G. Certain of the leases and contracts listed on Schedule G may contain certain renewal options, guarantees of payment, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth on Schedule G. Certain of the executory agreements may not have been memorialized in writing and could be subject to dispute. In addition, the Debtor may have entered into various other types of agreements in the ordinary course of its business, such as easements, rights of way, subordination, non-disturbance and attornment agreements, supplemental agreements, amendments, letter agreements, title agreements and confidentiality agreements. Such documents may not be set forth on Schedule G. The Debtor reserves all of its rights to dispute or to challenge the characterization of the structure of any transaction, or any document or instrument related to a creditor's claim. In the ordinary course of business, the Debtor may have entered into agreements, written or oral, for the provision of certain services on a month-to-month or at-will basis. Such contracts may not be included on Schedule G. However, the Debtor reserves the right to assert that such agreements constitute executory contracts. Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease. The Debtor reserves all rights to challenge whether any of the listed contracts, leases, agreements or other documents constitute an executory contract or unexpired lease, including if any are unexpired non-

residential real property leases. Any and all of the Debtor's rights, claims and causes of action regarding the contracts and agreements listed on Schedule G are hereby reserved and preserved.

12. Causes of Action, Suits and Administrative Proceedings. The Debtor, despite reasonable efforts, may not have identified and/or set forth all of its causes of action, law suits or administrative proceedings (filed or potential) ("Causes of Action") against third parties as assets in its Schedules and Statements. However, the Debtor reserves all of its Causes of Action. Neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such Cause of Action. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights within these Chapter 11 cases, equitable subordination, and/or Causes of Action arising under the provisions of Chapter 5 of the Bankruptcy Code and other relevant non-bankruptcy laws to recover assets or avoid transfers.

Additionally, the Debtor, after reasonably diligent efforts, may not have identified all Causes of Action with respect to which they have or may accrue liability due to the contingent nature of possible claims, including those that may arise from executory contracts. The Debtor specifically reserves all rights with respect to third-parties and all defenses that attend any Causes of Action not listed in the Schedules and Statements.

13. Classifications. Listing a claim (a) on Schedule D as "secured", (b) on Schedule E as "priority", or (c) on Schedule F as "unsecured non priority", or listing a contract on Schedule G as "executory" or "unexpired", does not constitute an admission by the Debtor of the legal rights of the claimant, or a waiver of the Debtor's right to recharacterize or reclassify such claim or contract.

14. Claims Description. Any failure to designate a claim on any Schedule as "disputed", "contingent", or "unliquidated" does not constitute an admission by the Debtor that such amount is not "disputed", "contingent" or "unliquidated". The Debtor reserves all rights to dispute any claim reflected on its Schedules on any grounds including, without limitation, liability or classification, or to otherwise subsequently designate such claims as "disputed," "contingent" or "unliquidated".

15. Redaction of Employee Information. Certain identifying information has been redacted from Schedule F to protect the privacy of individual employee creditors.

16. Neither the Debtor, its agents, nor its attorneys guarantee or warrant the accuracy, the completeness, or correctness of the data that is provided herein or in the Schedules and Statements, and the same are not liable for any loss or injury arising out of or caused in whole or in part by the acts, errors or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating or delivering the information in them. While every effort has been made to provide accurate and complete information herein, inadvertent errors or omissions may exist. The Debtor and its agents, attorneys and advisors expressly do not undertake any obligation to update, modify, revise or re-categorize the information provided herein, or to notify any third party should the information be updated, modified, revised or re-categorized. In no event shall the Debtor or its agents, attorneys and advisors be liable to any third party for any direct, indirect, incidental, consequential or special damages (including, but

not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused, even if the Debtor or its agents, attorneys and advisors are advised of the possibility of such damages.

\*\*\*\* END OF GLOBAL NOTES \*\*\*\*

**Fill in this information to identify the case:**Debtor name Restaurants Acquisition I, LLCUnited States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)Case number (If known): 15-12406 (KG)☐ 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* .....\$3,821,670.00**1b. Total personal property:**Copy line 91A from *Schedule A/B* .....\$3,690,654.00**1c. Total of all property:**Copy line 92 from *Schedule A/B* .....\$7,512,324.00**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* .....\$5,930,063.00**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* .....\$3,556,288.00**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* .....**+ \$** 5,236,221.74**4. Total liabilities** .....

Lines 2 + 3a + 3b

\$14,722,572.74

**Fill in this information to identify the case:**Debtor name Restaurants Acquisition I, LLCUnited States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)Case number (if known): 15-12406 (KG)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

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

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

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

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

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

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**

\$ \_\_\_\_\_

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. See Attachment 1.3 \_\_\_\_\_ \$ \_\_\_\_\_  
 3.2. \_\_\_\_\_ \$ \_\_\_\_\_

**4. Other cash equivalents (Identify all)**

4.1. \_\_\_\_\_ \$ \_\_\_\_\_  
 4.2. \_\_\_\_\_ \$ \_\_\_\_\_

**5. Total of Part 1**

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

\$ 121,503.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

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

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

Description, including name of holder of deposit

7.1. See Attachment 2.7 \$ 47,962.00  
 7.2. \_\_\_\_\_ \$ \_\_\_\_\_



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

Description, including name of holder of prepayment

8.1. none \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

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

\$ 47,962.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: 60,128.00 - 0.00 = ..... → \$ 60,128.00  
face amount doubtful or uncollectible accounts11b. Over 90 days old: 1,269.00 - 0.00 = ..... → \$ 1,269.00  
face amount doubtful or uncollectible accounts**12. Total of Part 3**

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

\$ 68,472.00**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method  
used for current value****Current value of debtor's  
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

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

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

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

\$ 0

**Part 5: Inventory, excluding agriculture assets**

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

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

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
	MM / DD / YYYY	\$		\$
20. Work in progress				
	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale				
	MM / DD / YYYY	\$		\$
22. Other inventory or supplies				
Food and beverage	11/29/2015	\$	FIFO	\$ 240,004.00
	MM / DD / YYYY			
23. Total of Part 5				\$ 240,004.00
Add lines 19 through 22. Copy the total to line 84.				

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

- ☐ No  
☒ Yes

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

- ☐ No  
☒ Yes. Book value Valuation method turnover estimation Current value 190,000.00

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

- ☒ No  
☐ Yes

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

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

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
	\$		\$
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ 0

34. **Is the debtor a member of an agricultural cooperative?**

- ☐ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No  
☐ Yes. Book value \$ Valuation method Current value \$

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- ☐ No  
☐ Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☐ No  
☐ Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> See Attachment 8.50	\$ 0.00		\$
40. <b>Office fixtures</b> See Attachment 8.50	\$		\$
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> See Attachment 8.50	\$		\$
42. <b>Collectibles</b> Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	\$		\$
42.2	\$		\$
42.3	\$		\$

43. **Total of Part 7.**

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

\$ 0

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

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

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 2003 Ford Van VIN: 1FTNE24LX3HA28126	\$ 0.00	nbv	\$ 0.00
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2	\$		\$
<b>49. Aircraft and accessories</b>			
49.1	\$		\$
49.2	\$		\$
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
See Attachment 8.50	\$ 729,291.00	nbv	\$ 726,291.00
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			\$ 726,291.00

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

- ☒ No  
☐ Yes

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

- ☒ No  
☐ Yes

**Part 9: Real property****54. Does the debtor own or lease any real property?**

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

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

Description and location of property 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 See Attachment 9.55		\$ 3,821,670.00	nbv	\$ 3,821,670.00
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

**56. Total of Part 9.**

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

\$ 3,821,670.00

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

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes

**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Licensee of Trademarks held by CFS Holdings, LLC	\$		\$
61. Internet domain names and websites www.theblackeyedpea.com	\$		\$
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations Customer e-mail list	\$		\$
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$ 2,486,422.00	nbv	\$ 2,486,422.00

**66. Total of Part 10.**

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

\$ 2,486,422.00



Debtor

Restaurants Acquisition I, LLC

Case number (if known) 15-12406(KG)

Name

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

- ☐ No  
☒ Yes

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

- ☒ No  
☐ Yes

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

- ☒ No  
☐ Yes

**Part 11: All other assets**

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

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

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

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

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

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

Description (for example, federal, state, local)

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

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

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

Lawsuit against RIP Bryant (Landlord) \$ 0.00

Nature of claim Contract/Lease Dispute

Amount requested \$ 100,000.00

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

See Attachment 11.75 \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

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

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

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

\$ 0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes



**Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 121,503.00	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 47,962.00	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ 68,472.00	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 240,004.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 726,291.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....</i> →		\$ 3,821,670.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ 2,486,422.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. <b>Total.</b> Add lines 80 through 90 for each column. ....91a.	\$ 3,690,654.00	+ 91b. \$ 3,821,670.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$ 7,512,324.00



**Official Form 206 A/B - Part 1****Attachment 1.3****Checking, savings, money market, or financial brokerage accounts**

<b>Institution</b>	<b>Account Name</b>	<b>Type of Account</b>	<b>Last 4 digits</b>	<b>Balance</b>
Bank Of America	Restaurants Acquisition I LLC Accts Payable	Zero balance disbursement	9747	\$ -
Bank Of America	Restaurants Acquisition I LLC Payroll Account	Zero balance disbursement	8847	\$ -
Bank Of America	RAI Beverage LLC	Zero balance disbursement	0232	\$ -
Bank Of America	Prufrock Belt Line Inc Optg Acct	Zero balance disbursement	8350	\$ 893.35
Bank Of America	Prufrock Belt Line Inc Replacement Acct	Zero balance disbursement	8347	\$ -
Bank Of America	Restaurants Acquisitions I LLC	Concentration	9754	\$ 109,410.50
			Cash at Financial Institutions	\$ 110,303.85
			Store General Funds (1)	\$ 11,200.00
			Total Cash	\$ 121,503.85

Note 1: Each store retains funds in a safe as a change bank.



**Official Form 206A/B**

## Attachment 2.7

**Deposits, including security deposits and utility deposits**[illegible]

**Official Form 206A/B****Part 8: Machinery, equipment, and vehicles****50. Other machinery, fixtures, and equipment****Attachment 8.50**

	Description	Property Street Address	Property City, State, Zip	Net book value of debtor's interest	Valuation Method used for current value	Current value of debtor's interest
50.1	Restaurant	6357 Camp Bowie Blvd., #200	Ft. Worth, TX 76116	\$92,395	NBV	\$92,395
50.2	Restaurant	605 West 15th Street	Plano, TX 75075-8822	\$80,756	NBV	\$80,756
50.3	Restaurant	4211 Bellaire	Houston, TX 77025	\$44,551	NBV	\$44,551
50.4	Restaurant	1400 North Collins Street	Arlington, TX 76011	\$93,861	NBV	\$93,861
50.5	Restaurant	9710 FM 1960 Bypass	Humble, TX 77338	\$51,300	NBV	\$51,300
50.6	Restaurant	3434 FM 1092	Missouri City, TX 77459	\$31,461	NBV	\$31,461
50.7	Restaurant	6455 Phelan	Beaumont, TX 77706	\$110,184	NBV	\$110,184
50.8	Restaurant	900 Airport Freeway	Hurst, TX 76054	\$82,092	NBV	\$82,092
50.9	Restaurant	7959 Fredericksburg Road, #103	San Antonio, TX 78229	\$62,817	NBV	\$62,817
50.10	Restaurant	3825 Pavillion Court	Mesquite, TX 75150	\$89,829	NBV	\$89,829
50.11	Restaurant	7979 Belt Line Road	Dallas, TX 75240	\$48,424	NBV	\$48,424
50.12	Restaurant	1330 Lake Woodlands Drive	The Woodlands, TX 77380	\$29,083	NBV	\$29,083
50.13	Catering Office	1301 E. Corporate Dr, Suite A	Arlington, TX 76006	\$4,744	NBV	\$4,744
50.14	Corporate Office	313 E. Main St, Suite 2	Hendersonville, TN 37075	\$15,011	NBV	\$15,011
50.15	Restaurant	3857 Cedar Springs	Dallas, TX 75219	\$78,269	NBV	\$78,269
50.16	Restaurant	2675 Wilcrest	Houston, TX 77042	\$29,299	NBV	\$29,299
50.17	Restaurant	10903 Jones Road	Houston, TX 77065	\$35,236	NBV	\$35,236
50.18	Restaurant	160 West Bay Area Blvd.	Webster, TX 77598	\$21,955	NBV	\$21,955
50.19	Restaurant	3435 Belt Line Road	Garland, TX 75044	\$59,272	NBV	\$59,272
50.20	Restaurant	1905 Preston Road	Plano, TX 75093	\$75,636	NBV	\$75,636
50.21	Restaurant	6400 Gaston Avenue	Dallas, TX 75214	\$0	NBV	\$0
50.22	Restaurant	6001 Loop 820 Southwest	Ft. Worth, TX 76132	\$48,718	NBV	\$48,718
50.23	Restaurant	2420 IH 35E South	Denton, TX 76205	\$85,699	NBV	\$85,699
50.24	Restaurant	10999 Northwest Freeway	Houston, TX 77092	\$26,759	NBV	\$26,759
55.25	Restaurant	2005 FM 1960 West	Houston, TX 77090	\$6,283	NBV	\$6,283
50.26	Restaurant	410 South Mason Road	Katy, TX 77450	\$38,196	NBV	\$38,196
50.27	Restaurant	11311 Fuqua Street	Houston, TX 77089	\$35,180	NBV	\$35,180
50.28	Restaurant	1502 Corsicana Highway	Hillsboro, TX 76645	\$63,088	NBV	\$63,088
50.29	Restaurant	2861 Ridge Road, #101	Rockwall, TX 75087	\$64,938	NBV	\$64,938
50.30		Unallocated (1)		-\$778,743		(\$778,743)
					Total	\$726,291

Note 1: Unallocated amounts are carried over from activity recorded in the accounting records of the previous ownership group. The financial statements of RAI were audited on an annual basis by the previous ownership group. The last such audit was performed for fiscal year 2007. Based on reliance on those audited financial statements and underlying Records, RAI has not eliminated the unallocated balances in these accounts.

## RAI LEASE SCHEDULE

Official Form 206A/B							
Schedule A/B: Assets -- Real and Personal Property							
Part 9: Real Property							
55. Any building, other improved real estate or land which the debtor owns or in which the debtor has an interest							
Line	Description	Property Street Address	Property City, State, Zip	Nature and extent of debtor's interest in property	Net book value of debtor's interest	Valuation Method used for current value	Current value of debtor's interest
55.1	Restaurant	6357 Camp Bowie Blvd., #200	Ft. Worth, TX 76116	Lease	\$80,159.99	NBV	\$ 80,160
55.2	Restaurant	605 West 15th Street	Plano, TX 75075-8822	Lease	\$45,513.37	NBV	\$ 45,513
55.3	Restaurant	4211 Bellaire	Houston, TX 77025	Lease	\$69,972.96	NBV	\$ 69,973
55.4	Restaurant	1400 North Collins Street	Arlington, TX 76011	Lease	\$80,091.05	NBV	\$ 80,091
55.5	Restaurant	9710 FM 1960 Bypass	Humble, TX 77338	Lease	\$76,025.32	NBV	\$ 76,025
55.6	Restaurant	3434 FM 1092	Missouri City, TX 77459	Lease	\$81,010.92	NBV	\$ 81,011
55.7	Restaurant	6455 Phelan	Beaumont, TX 77706	Lease	\$83,671.77	NBV	\$ 83,672
55.8	Restaurant	900 Airport Freeway	Hurst, TX 76054	Lease	\$100,106.86	NBV	\$ 100,107
55.9	Restaurant	7959 Fredericksburg Road, #103	San Antonio, TX 78229	Lease	\$72,135.08	NBV	\$ 72,135
55.10	Restaurant	3825 Pavillion Court	Mesquite, TX 75150	Lease	\$114,914.71	NBV	\$ 114,915
55.11	Restaurant	7979 Belt Line Road	Dallas, TX 75240	Lease	\$17,946.14	NBV	\$ 17,946
55.12	Restaurant	1330 Lake Woodlands Drive	The Woodlands, TX 77380	Lease	\$11,057.50	NBV	\$ 11,058
55.13	Catering Office	1301 E. Corporate Dr, Suite A	Arlington, TX 76006	Lease	\$0.00	NBV	\$ -
55.14	Corporate Office	313 E. Main St, Suite 2	Hendersonville, TN 37075	Lease	\$0.00	NBV	\$ -
55.15	Restaurant	3857 Cedar Springs	Dallas, TX 75219	Lease	\$23,370.44	NBV	\$ 23,370
55.16	Restaurant	2675 Wilcrest	Houston, TX 77042	Lease	\$66,784.58	NBV	\$ 66,785
55.17	Restaurant	10903 Jones Road	Houston, TX 77065	Lease	\$42,604.20	NBV	\$ 42,604
55.18	Restaurant	160 West Bay Area Blvd.	Webster, TX 77598	Lease	\$0.00	NBV	\$ -
55.19	Restaurant	3435 Belt Line Road	Garland, TX 75044	Lease	\$25,248.27	NBV	\$ 25,248
55.2	Restaurant	1905 Preston Road	Plano, TX 75093	Lease	\$48,970.34	NBV	\$ 48,970
55.21	Restaurant	6400 Gaston Avenue	Dallas, TX 75214	Lease	\$156,955.49	NBV	\$ 156,955
55.22	Restaurant	6001 Loop 820 Southwest	Ft. Worth, TX 76132	Lease	\$170,725.45	NBV	\$ 170,725
55.23	Restaurant	2420 IH 35E South	Denton, TX 76205	Lease	\$5,094.67	NBV	\$ 5,095
55.24	Restaurant	10999 Northwest Freeway	Houston, TX 77092	Lease	\$49,005.56	NBV	\$ 49,006
55.25	Restaurant	2005 FM 1960 West	Houston, TX 77090	Lease	\$0.00	NBV	\$ -
55.26	Restaurant	410 South Mason Road	Katy, TX 77450	Lease	\$50,382.34	NBV	\$ 50,382
55.27	Restaurant	11311 Fuqua Street	Houston, TX 77089	Lease	\$59,324.04	NBV	\$ 59,324
55.28	Restaurant	1502 Corsicana Highway	Hillsboro, TX 76645	Lease	\$18,656.71	NBV	\$ 18,657
55.29	Restaurant	2861 Ridge Road, #101	Rockwall, TX 75087	Lease	\$43,111.17	NBV	\$ 43,111
55.3		Unallocated (1)			\$2,228,831.00		\$ 2,228,831
						Total	\$ 3,821,670
		Note 1: Unallocated amounts are carried over from activity recorded in the accounting records of the previous ownership group.					
		The financial statements of RAI were audited on an annual basis by the previous ownership group. The last such audit					
		was performed for fiscal year 2007. Based on reliance on those audited financial statements and underlying					
		Records, RAI has not eliminated the unallocated balances in these accounts.					

**ATTACHMENT 11.75**

**OTHER CONTINGENT AND UNLIQUIDATED CLAIMS OR CAUSES  
OF ACTION OF EVERY NATURE, INCLUDING COUNTERCLAIMS OF THE  
DEBTOR AND RIGHTS TO SET OFF CLAIMS**

1. Rights under Termination of Lease Agreement dated 8/28/14 with  
Supra Color Enterprises, Inc. \$0.00

**Nature of claim:** Option

**Amount requested:** \$1,800,000.00

2. Unrecoverable reimbursement from Texas Pea LLC \$0.00

**Nature of claim** Contingent payroll reimbursement

**Amount requested** \$645,135.00

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

Debtor name Restaurants Acquisition I, LLC  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
 (State)  
 Case number (If known): 15-12406 (KG)

☐ Check if this is an amended filing

**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

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

<b>2.1</b> Creditor's name <u>CNL Financial Group</u> Creditor's mailing address <u>450 S. Orange AV</u> <u>Orlando, FL 32801-3336</u> Creditor's email address, if known <u>mike.tetrack@cnl.com</u> Date debt was incurred <u>12/28/2008</u> Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. <u>1. CNL Financial;</u> <u>2. American Express; 3. State of Texas; 4. Internal Revenues Service</u>	Describe debtor's property that is subject to a lien <u>All real property, personal property and fixtures in which Debtor has an interest</u> Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim <u>\$ 3,128,323.18</u> Value of collateral that supports this claim <u>\$ Unknown</u>
<b>2.2</b> Creditor's name <u>American Express Bank, FSB</u> Creditor's mailing address <u>4315 South 2700 West</u> <u>Salt Lake City, UT 84184</u> Creditor's email address, if known _____ Date debt was incurred <u>5/15/2015</u> Last 4 digits of account number <u>0 5 0 0</u> Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	Describe debtor's property that is subject to a lien <u>All assets of the Debtor whether now owned or hereafter acquired or arising</u> Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Amount of claim <u>\$ 851,520.99</u> Value of collateral that supports this claim <u>\$ Unknown</u>
<b>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b>		<u>\$ 5,930,063.00</u>

page 1 of 3



**Part 1: Additional Page****Column A****Amount of claim**

Do not deduct the value of collateral.

**Column B****Value of collateral that supports this claim**

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

**2. 3 Creditor's name**

Texas Comptroller of Public Accounts

**Describe debtor's property that is subject to a lien**

All property owned by Debtor

\$ 966,348.19 \$ Unknown

**Creditor's mailing address**111 E. 17<sup>th</sup> St.

Austin, TX 78774-0100

**Describe the lien****Creditor's email address, if known****Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

Date debt was incurred 05/01/2002 - 12/31/2005

**Is anyone else liable on this claim?**

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

Last 4 digits of account number 7 6 1 4

**Do multiple creditors have an interest in the same property?**

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

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☐ Unliquidated  
☒ Disputed

- ☒ Yes. The relative priority of creditors is specified on lines 2.1

**2. 4 Creditor's name**

Department of the Treasury, Internal Revenue Service

**Describe debtor's property that is subject to a lien**

All property and rights to property belonging to Debtor

\$ 953,988.00 \$ Unknown

**Creditor's mailing address**

PO Box 7346

Philadelphia, PA 19101

**Describe the lien****Creditor's email address, if known****Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

Date debt was incurred 12/31/14 and 3/31/15

**Is anyone else liable on this claim?**

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

Last 4 digits of account number

**Do multiple creditors have an interest in the same property?**

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

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

- ☒ Yes. The relative priority of creditors is specified on lines 2.1



Case number (if known) 15-12406 (KG)

Debtor Restaurants Acquisition I, LLC  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
 (State)  
 Case number 15-12406 (KG)  
 (If known)

☐ Check if this is an amended filing

## Official Form 206E/F

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

12/15

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

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

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

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

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

	Total claim	Priority amount
<b>2.1 Priority creditor's name and mailing address</b> Albert Uresti, CPA, RTA Bexar County Tax Assessor-Collector PO BOX 2903 SAN ANTONIO, TX 75396 <b>Date or dates debt was incurred</b> 2015 <b>Last 4 digits of account number</b> 0045 <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> \$ 1,458.76 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Taxes <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,458.76

<b>2.2 Priority creditor's name and mailing address</b> ALIEF ISD PO Box 368 Alief, TX 77411 <b>Date or dates debt was incurred</b> 2015 <b>Last 4 digits of account number</b> 4191 <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> \$ 497.64 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Taxes <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 497.64
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------

<b>Priority creditor's name and mailing address</b>   <b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( )	<b>As of the petition filing date, the claim is:</b> \$ _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page**

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

Total claim

Priority amount

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

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account**

number \_\_\_\_\_

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( )**2.3 Priority creditor's name and mailing address**\$ 517.93 \$ 517.93**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

CCISD - Dept. 85PO Box 730224Dallas, TX 75373**Date or dates debt was incurred**2015**Basis for the claim:**Taxes**Last 4 digits of account**number 5074**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**2.4 Priority creditor's name and mailing address**\$ 394.44 \$ 394.44**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City Of Garland, Carol Clark, RTAPO BOX 461508Garland, TX 75046-1508**Date or dates debt was incurred**2015**Basis for the claim:**Taxes**Last 4 digits of account**number 8600**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**2.5 Priority creditor's name and mailing address**\$ 8,722.38 \$ 8,722.38**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ ContingentTX  
☐ Unliquidated  
☐ Disputed75046-1508

City Of Garland, Carol Clark, RTAPO BOX 461508Garland, TX 75046-1508**Date or dates debt was incurred**2015**Basis for the claim:**Taxes**Last 4 digits of account**number 0000**Is the claim subject to offset?**

- ☐ No  
☐ Yes

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

Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page****2.6 Priority creditor's name and mailing address****Total claim****Priority amount**\$ 1,081.78\$ 1,081.78County Of Montgomery, J.R. Moore, Jr. Tax Assessor-CollectorJ.R. Moore Jr. Tax Assessor Montgomery CountyHOUSTON, TX 77210-4798**Date or dates debt was incurred**2015**Last 4 digits of account**number 2856**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

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

**Basis for the claim:**Taxes**Is the claim subject to offset?**

- ☐
- No
- 
- ☐
- Yes

**2.7 Priority creditor's name and mailing address**\$ 31,297.32\$ 31,297.32County Of Montgomery, J.R. Moore, Jr. Tax Assessor-CollectorJ.R. Moore Jr. Tax Assessor Montgomery CountyHOUSTON, TX 77210-4798**Date or dates debt was incurred**2015**Last 4 digits of account**number 2033**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

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

**Basis for the claim:**Taxes**Is the claim subject to offset?**

- ☐
- No
- 
- ☐
- Yes

**2.8 Priority creditor's name and mailing address**\$ 546.41\$ 546.41David Piwonka  
Cypress-Fairbanks ISD Tax Assessor-CollectorPO BOX 203908HOUSTON, TX 77216**Date or dates debt was incurred**2015**Last 4 digits of account**number 4587**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

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

**Basis for the claim:**Taxes**Is the claim subject to offset?**

- ☐
- No
- 
- ☐
- Yes

**2.9 Priority creditor's name and mailing address**\$ 757.58\$ 757.58Garland Independent School DistrictPO BOX 461407Garland, TX 75046-1407**Date or dates debt was incurred**2015**Last 4 digits of account**number 8600**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐
- ContingentTX
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed75046-1407

**Basis for the claim:**Taxes**Is the claim subject to offset?**

- ☐
- No
- 
- ☐
- Yes

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Debtor  
Name

Case number (if known)

**Part 1. Additional Page****Total claim****Priority amount**

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

\$ 16,752.77

\$ 16,752.77

Garland Independent School District

PO BOX 461407

Garland, TX 75046-1407

**Date or dates debt was incurred**

2015

**Last 4 digits of account**

number 0000

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

Taxes

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

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

\$ 110.04

\$ 110.04

HC MUD #170, Barbara Wheeler, Tax A/C

Barbara Wheeler, Tax Acct., PO BOX 4383

Houston, TX 77210

**Date or dates debt was incurred**

2015

**Last 4 digits of account**

number 4587

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

Taxes

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

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

\$ 367.60

\$ 367.60

Hill CAD Tax Collections, Marchel M. Eubank Tax A/C

PO BOX 416

Hillsboro, TX 76645

**Date or dates debt was incurred**

2015

**Last 4 digits of account**

number 8289

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**

Taxes

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

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

\$ 1,254.04

\$ 1,254.04

Hill CAD Tax Collections, Mike McKibben Tax Assessor-Collector

PO BOX 416

Hillsboro, TX 76645

**Date or dates debt was incurred**

2015

**Last 4 digits of account**

number 6072

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ ContingentTX  
☐ Unliquidated  
☐ Disputed76645

**Basis for the claim:**

Taxes

**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page****2.14 Priority creditor's name and mailing address****Total claim****Priority amount**\$ 764.62\$ 764.62Humble ISD, Janice P. HimpeleJanice P. Himpele, PO BOX 4020HOUSTON, TX 77210**Date or dates debt was incurred**2015**Last 4 digits of account**number 4596**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

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

**Basis for the claim:**Taxes**Is the claim subject to offset?**

- ☐
- No
- 
- ☐
- Yes

**2.15 Priority creditor's name and mailing address**\$ 1,731.36\$ 1,731.36Jefferson County Tax OfficePO Box 2112Beaumont, TX 77704**Date or dates debt was incurred**2015**Last 4 digits of account**number 2434**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

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

**Basis for the claim:**Taxes**Is the claim subject to offset?**

- ☐
- No
- 
- ☐
- Yes

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

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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

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

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account**

number \_\_\_\_\_

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ( )**Is the claim subject to offset?**

- ☐
- No
- 
- ☐
- Yes

**2.16 Priority creditor's name and mailing address**\$ 1,997.70\$ 1,997.70John R. Ames Tax Assessor-Collector500 ELM STREETDALLAS, TX 75202-3504**Date or dates debt was incurred**2015**Last 4 digits of account**number 7200**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) (8)**As of the petition filing date, the claim is:***Check all that apply.*

- ☐
- ContingentTX
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed75202-3504

**Basis for the claim:**Taxes**Is the claim subject to offset?**

- ☐
- No
- 
- ☐
- Yes

Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page**

	Total claim	Priority amount
<b>2.17</b> Priority creditor's name and mailing address  <u>John R. Ames Tax Assessor-Collector</u> <u>500 ELM STREET</u> <u>DALLAS, TX 75202-3504</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account</b> number <u>4550</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	\$ <u>1,659.35</u>	\$ <u>1,659.35</u>
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Taxes</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.18</b> Priority creditor's name and mailing address  <u>John R. Ames Tax Assessor-Collector</u> <u>500 ELM STREET</u> <u>DALLAS, TX 75202-3504</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account</b> number <u>8600</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	\$ <u>371.01</u>	\$ <u>371.01</u>
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Taxes</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.19</b> Priority creditor's name and mailing address  <u>John R. Ames Tax Assessor-Collector</u> <u>500 ELM STREET</u> <u>DALLAS, TX 75202-3504</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account</b> number <u>0000</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	\$ <u>8,204.31</u>	\$ <u>8,204.31</u>
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Taxes</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.20</b> Priority creditor's name and mailing address  <u>John R. Ames Tax Assessor-Collector</u> <u>500 ELM STREET</u> <u>DALLAS, TX 75202-3504</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account</b> number <u>1850</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	\$ <u>461.01</u>	\$ <u>461.01</u>
<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> ContingentTX <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed75202-3504  <b>Basis for the claim:</b> <u>Taxes</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page**

	Total claim	Priority amount
<b>2.21 Priority creditor's name and mailing address</b>  <u>John R. Ames Tax Assessor-Collector</u> <u>500 ELM STREET</u> <u>DALLAS, TX 75202-3504</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account number</b> <u>0000</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Taxes</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>8,284.38</u>  \$ <u>8,284.38</u>
<b>2.22 Priority creditor's name and mailing address</b>  <u>John R. Ames Tax Assessor-Collector</u> <u>500 ELM STREET</u> <u>DALLAS, TX 75202-3504</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account number</b> <u>2600</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Taxes</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>869.12</u>  \$ <u>869.12</u>
<b>2.23 Priority creditor's name and mailing address</b>  <u>Kenneth L Maun-Tax Assessor Collector-Collin County</u> <u>Tax Assessor-Collin Cnty, PO Box 8046</u> <u>McKinney, TX 75070-8046</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account number</b> <u>9691</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Taxes</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,505.60</u>  \$ <u>1,505.60</u>
<b>2.24 Priority creditor's name and mailing address</b>  <u>Kenneth L Maun-Tax Assessor Collector-Collin County</u> <u>Tax Assessor-Collin Cnty, PO Box 8046</u> <u>McKinney, TX 75070-8046</u>  <b>Date or dates debt was incurred</b> <u>0</u>  <b>Last 4 digits of account number</b> <u>0611</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> ContingentTX <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed75070-8046  <b>Basis for the claim:</b> <u>Taxes</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>26,628.09</u>  \$ <u>26,628.09</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page**

	Total claim	Priority amount
<b>2.25 Priority creditor's name and mailing address</b> <u>Kenneth L Maun-Tax Assessor Collector-Collin County</u> <u>Tax Assessor-Collin Cnty, PO Box 8046</u> <u>McKinney, TX 75070-8046</u> <b>Date or dates debt was incurred</b> <u>2015</u> <b>Last 4 digits of account number</b> <u>6891</u> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Taxes</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,594.06 \$ 1,594.06
<b>2.26 Priority creditor's name and mailing address</b> <u>Kenneth L Maun-Tax Assessor Collector-Collin County</u> <u>Tax Assessor-Collin Cnty, PO Box 8046</u> <u>McKinney, TX 75070-8046</u> <b>Date or dates debt was incurred</b> <u>2015</u> <b>Last 4 digits of account number</b> <u>0901</u> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Taxes</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 36,722.76 \$ 36,722.76
<b>2.27 Priority creditor's name and mailing address</b> <u>Mesquite Tax Fund</u> <u>1012 Ridgeview St</u> <u>Mesquite, TX 75149</u> <b>Date or dates debt was incurred</b> <u>2015</u> <b>Last 4 digits of account number</b> <u>1850</u> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Taxes</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,425.98 \$ 1,425.98
<b>2.28 Priority creditor's name and mailing address</b> <u>Mesquite Tax Fund</u> <u>1012 Ridgeview St</u> <u>Mesquite, TX 75149</u> <b>Date or dates debt was incurred</b> <u>2015</u> <b>Last 4 digits of account number</b> <u>0000</u> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> ContingentTX <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed75149 <b>Basis for the claim:</b> <u>Taxes</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ 25,625.00 \$ 25,625.00

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page**

	Total claim	Priority amount
<b>2.29 Priority creditor's name and mailing address</b>  <u>Michelle French, Denton County Tax Assessor/Collector</u> <u>land only</u> <u>DENTON COUNTY ASSESSOR COLLECTOR</u> <u>DENTON, TX 76202</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account</b> number <u>5DEN</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	\$ <u>1,325.44</u>	\$ <u>1,325.44</u>
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b> <u>Taxes</u>		
<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.30 Priority creditor's name and mailing address</b>  <u>Mike Sullivan Tax Assessor</u> <u>PO BOX 4576</u> <u>HOUSTON, TX 77210-4576</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account</b> number <u>0008</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	\$ <u>17,137.22</u>	\$ <u>17,137.22</u>
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b> <u>Taxes</u>		
<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.31 Priority creditor's name and mailing address</b>  <u>Mike Sullivan, CPA RTA</u> <u>PO BOX 4576</u> <u>HOUSTON, TX 77210-4576</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account</b> number <u>4578</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	\$ <u>1,140.80</u>	\$ <u>1,140.80</u>
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b> <u>Taxes</u>		
<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.32 Priority creditor's name and mailing address</b>  <u>Mike Sullivan, CPA RTA</u> <u>PO BOX 4576</u> <u>HOUSTON, TX 77210-4576</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account</b> number _____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	\$ <u>119,970.49</u>	\$ <u>119,970.49</u>
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> ContingentTX <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed77210-4576		
<b>Basis for the claim:</b> <u>Taxes</u>		
<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page**

	Total claim	Priority amount
<b>2.33 Priority creditor's name and mailing address</b>  <u>Mike Sullivan, Tax Assessor-Collector</u> <u>TAX ASSESSOR-COLLECTOR, P O BOX 4663</u> <u>HOUSTON, TX 77210-4663</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account number</b> <u>0000</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Taxes</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>21.61</u>  \$ <u>21.61</u>
<b>2.34 Priority creditor's name and mailing address</b>  <u>Mike Sullivan, Tax Assessor-Collector</u> <u>TAX ASSESSOR-COLLECTOR, P O BOX 4663</u> <u>HOUSTON, TX 77210-4663</u>  <b>Date or dates debt was incurred</b> <u>0</u>  <b>Last 4 digits of account number</b> <u>0000</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Taxes</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,854.72</u>  \$ <u>1,854.72</u>
<b>2.35 Priority creditor's name and mailing address</b>  <u>Mike Sullivan, Tax Assessor-Collector</u> <u>TAX ASSESSOR-COLLECTOR, P O BOX 4663</u> <u>HOUSTON, TX 77210-4663</u>  <b>Date or dates debt was incurred</b> <u>2015</u>  <b>Last 4 digits of account number</b> <u>4191</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Taxes</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>520.37</u>  \$ <u>520.37</u>
<b>2.36 Priority creditor's name and mailing address</b>  <u>Mike Sullivan, Tax Assessor-Collector</u> <u>TAX ASSESSOR-COLLECTOR, P O BOX 4663</u> <u>HOUSTON, TX 77210-4663</u>  <b>Date or dates debt was incurred</b> <u>0</u>  <b>Last 4 digits of account number</b> <u>4587</u>  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> ContingentTX <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed77210-4663  <b>Basis for the claim:</b> <u>Taxes</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>381.35</u>  \$ <u>381.35</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page**

	Total claim	Priority amount
<b>2.37</b> Priority creditor's name and mailing address	\$ 327.29	\$ 327.29
Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663  <b>Date or dates debt was incurred</b> 2015  <b>Last 4 digits of account number</b> 5073  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Taxes  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>2.38</b> Priority creditor's name and mailing address	\$ 474.53	\$ 474.53
Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663  <b>Date or dates debt was incurred</b> 2015  <b>Last 4 digits of account number</b> 4596  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Taxes  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
Priority creditor's name and mailing address     <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>   <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( )	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
Priority creditor's name and mailing address     <b>Date or dates debt was incurred</b>   <b>Last 4 digits of account number</b>   <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( )	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> ContingentTX <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed77210-4663  <b>Basis for the claim:</b>   <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
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	Total claim	Priority amount
<b>2.39</b> Priority creditor's name and mailing address	\$ 875.78	\$ 875.78
Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663  <b>Date or dates debt was incurred</b> 2015  <b>Last 4 digits of account number</b> 4590  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Taxes  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>2.40</b> Priority creditor's name and mailing address	\$ 882.43	\$ 882.43
Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663  <b>Date or dates debt was incurred</b> 0  <b>Last 4 digits of account number</b> 4598  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Taxes  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>2.41</b> Priority creditor's name and mailing address	\$ 11,924.12	\$ 11,924.12
Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663  <b>Date or dates debt was incurred</b> 2015  <b>Last 4 digits of account number</b> 0001  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Taxes  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>2.42</b> Priority creditor's name and mailing address	\$ 898.47	\$ 898.47
Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663  <b>Date or dates debt was incurred</b> 2015  <b>Last 4 digits of account number</b> 4606  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> ContingentTX <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed77210-4663  <b>Basis for the claim:</b> Taxes  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page**

	Total claim	Priority amount
<b>2.43</b> Priority creditor's name and mailing address	\$ 33,035.75	\$ 33,035.75
Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663  <b>Date or dates debt was incurred</b> 2015  <b>Last 4 digits of account number</b> 0005  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Taxes  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>2.44</b> Priority creditor's name and mailing address	\$ 724.19	\$ 724.19
Mike Sullivan, Tax Assessor-Collector TAX ASSESSOR-COLLECTOR, P O BOX 4663 HOUSTON, TX 77210-4663  <b>Date or dates debt was incurred</b> 2015  <b>Last 4 digits of account number</b> 0000  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Taxes  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>2.45</b> Priority creditor's name and mailing address	\$ 636.02	\$ 636.02
Pasadena ISD PO Box 1318 Pasadena, TX 77501-1318  <b>Date or dates debt was incurred</b> 2015  <b>Last 4 digits of account number</b> 0000  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> Taxes  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>2.46</b> Priority creditor's name and mailing address	\$ 16,381.20	\$ 16,381.20
Pasadena ISD PO Box 1318 Pasadena, TX 77501-1318  <b>Date or dates debt was incurred</b> 2015  <b>Last 4 digits of account number</b> 0008  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> ContingentTX <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed77501-1318  <b>Basis for the claim:</b> Taxes  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page****2.47 Priority creditor's name and mailing address****Total claim****Priority amount**\$ 1,296.15\$ 1,296.15

Patsy Schultz, Fort Bend County Tax Assessor-Collector  
County Tax Assessor/Collector, 1317 Eugene Heimann Cir  
Richmond, TX 77469-3623

**Date or dates debt was incurred**  
2015

**Last 4 digits of account**  
**number** -907

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

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

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**Taxes**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.48 Priority creditor's name and mailing address**\$ 38.79\$ 38.79

Ponderosa Forest UD  
312 Spring Hill Drive, #100  
Spring, TX 77386-3709

**Date or dates debt was incurred**  
2015

**Last 4 digits of account**  
**number** 4598

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

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

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**Taxes**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.49 Priority creditor's name and mailing address**\$ 1,347.13\$ 1,347.13

Ponderosa Forest UD  
312 Spring Hill Drive, #100  
Spring, TX 77386-3709

**Date or dates debt was incurred**  
2015

**Last 4 digits of account**  
**number** 0001

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

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

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Basis for the claim:**Taxes**Is the claim subject to offset?**

- ☐ No  
☐ Yes

**2.50 Priority creditor's name and mailing address**\$ 797.87\$ 797.87

Richardson Independent School District  
970 Security Row  
Richardson, TX 75081

**Date or dates debt was incurred**  
2015

**Last 4 digits of account**  
**number** 2600

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

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

- ☐ ContingentTX  
☐ Unliquidated  
☐ Disputed75081

**Basis for the claim:**Taxes**Is the claim subject to offset?**

- ☐ No  
☐ Yes

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page**

	Total claim	Priority amount
<b>2.51</b> Priority creditor's name and mailing address <div style="margin-top: 10px;"> <u>Rockwall Central Appraisal District</u>  <u>841 Justin Rd</u>  <u>Rockwall, TX 75087</u> </div> <div style="margin-top: 10px;"> <b>Date or dates debt was incurred</b>  <u>2015</u> </div> <div style="margin-top: 10px;"> <b>Last 4 digits of account number</b>  <u>0606</u> </div> <div style="margin-top: 10px;"> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)         </div> <div style="margin-top: 10px;"> <b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed         </div> <div style="margin-top: 10px;"> <b>Basis for the claim:</b>  <u>Taxes</u> </div> <div style="margin-top: 10px;"> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes         </div>	\$ <u>1,434.51</u>	\$ <u>1,434.51</u>
<b>2.52</b> Priority creditor's name and mailing address <div style="margin-top: 10px;"> <u>Ron Wright Tax Assessor-Collector</u>  <u>7604 Kell Dr</u>  <u>Fort Worth, TX 76119</u> </div> <div style="margin-top: 10px;"> <b>Date or dates debt was incurred</b>  <u>2015</u> </div> <div style="margin-top: 10px;"> <b>Last 4 digits of account number</b>  <u>8395</u> </div> <div style="margin-top: 10px;"> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)         </div> <div style="margin-top: 10px;"> <b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed         </div> <div style="margin-top: 10px;"> <b>Basis for the claim:</b>  <u>Taxes</u> </div> <div style="margin-top: 10px;"> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes         </div>	\$ <u>2,115.40</u>	\$ <u>2,115.40</u>
<b>2.53</b> Priority creditor's name and mailing address <div style="margin-top: 10px;"> <u>Ron Wright, Tax Assessor-Collector</u>  <u>Tax Assessor-Collector, PO Box 961018</u>  <u>Fort Worth, TX 76161-0018</u> </div> <div style="margin-top: 10px;"> <b>Date or dates debt was incurred</b>  <u>2015</u> </div> <div style="margin-top: 10px;"> <b>Last 4 digits of account number</b>  <u>8839</u> </div> <div style="margin-top: 10px;"> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)         </div> <div style="margin-top: 10px;"> <b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i>  <input type="checkbox"/> ContingentTX  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed76161-0018         </div> <div style="margin-top: 10px;"> <b>Basis for the claim:</b>  <u>Taxes</u> </div> <div style="margin-top: 10px;"> <b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes         </div>	\$ <u>2,310.47</u>	\$ <u>2,310.47</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page**

	Total claim	Priority amount
<b>2.57 Priority creditor's name and mailing address</b>  Spring ISD - Tax Office, Marianne C. Smith Tax Assessor/Collector 524 Sage Valley Richardson, TX 75080  <b>Date or dates debt was incurred</b> 2015  <b>Last 4 digits of account number</b> 4598  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	\$ 570.20	\$ 570.20
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b> Taxes		
<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.58 Priority creditor's name and mailing address</b>  Spring ISD - Tax Office, Marianne C. Smith Tax Assessor/Collector 524 Sage Valley Richardson, TX 75080  <b>Date or dates debt was incurred</b> 2015  <b>Last 4 digits of account number</b> 0001  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	\$ 19,802.23	\$ 19,802.23
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Basis for the claim:</b> Taxes		
<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.59 Priority creditor's name and mailing address</b>  State of Texas Comptroller of Public Accounts 111 E. 17th Street Austin, TX 78774-0100  <b>Date or dates debt was incurred</b> 0  <b>Last 4 digits of account number</b> 7614  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	\$ 3,123,531.00	\$ 3,123,531.00
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<b>Basis for the claim:</b> Taxes		
<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>2.60 Priority creditor's name and mailing address</b>  West Memorial MUD PO BOX 684000 Houston, TX 77268-4000  <b>Date or dates debt was incurred</b> 2015  <b>Last 4 digits of account number</b> 4606  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)	\$ 172.40	\$ 172.40
<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> ContingentTX <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed77268-4000		
<b>Basis for the claim:</b> Taxes		
<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 1. Additional Page**

	Total claim	Priority amount
<b>2.61</b> Priority creditor's name and mailing address <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>West Memorial MUD</p> <p>PO BOX 684000</p> <p>Houston, TX 77268-4000</p> </div> <div style="width: 35%;"> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <p><b>Date or dates debt was incurred</b> 2015</p> <p><b>Last 4 digits of account number</b> 0005</p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p> </div> <div style="width: 35%;"> <p><b>Basis for the claim:</b> Taxes</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> </div> </div> </div>	\$ 6,338.85	\$ 6,338.85
<b>2.62</b> Priority creditor's name and mailing address <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Woodlands Metro Center MUD</p> <p>PO Box 7829</p> <p>The Woodlands, TX 77387-7829</p> </div> <div style="width: 35%;"> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <p><b>Date or dates debt was incurred</b> 2015</p> <p><b>Last 4 digits of account number</b> 2856</p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p> </div> <div style="width: 35%;"> <p><b>Basis for the claim:</b> Taxes</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> </div> </div> </div>	\$ 67.46	\$ 67.46
<b>2.63</b> Priority creditor's name and mailing address <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Woodlands Metro Center MUD water/sewer tax. Rd tax billed with county tax bill</p> <p>PO Box 7829</p> <p>The Woodlands, TX 77387-7829</p> </div> <div style="width: 35%;"> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <p><b>Date or dates debt was incurred</b> 2015</p> <p><b>Last 4 digits of account number</b> 2033</p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) (8)</p> </div> <div style="width: 35%;"> <p><b>Basis for the claim:</b> Taxes</p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> </div> </div> </div>	\$ 1,951.71	\$ 1,951.71
<b>2.64</b> Priority creditor's name and mailing address <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p></p> <p></p> <p></p> </div> <div style="width: 35%;"> <p><b>As of the petition filing date, the claim is:</b>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <p><b>Date or dates debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ( )</p> </div> <div style="width: 35%;"> <p><b>Basis for the claim:</b></p> <p><b>Is the claim subject to offset?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> </div> </div> </div>	\$	\$

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**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
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> <u>1924 Abrams, Ltd.</u> <u>2000 McKinney Ave, Suite 1000</u> <u>Dallas, TX 75201</u>  <b>Date or dates debt was incurred</b> <u>12/1/15 - 1/1/16</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ <u>45,576.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lease Rental</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> <u>360training.com</u> <u>P.O. Box 840358</u> <u>Dallas, TX 75284-0358</u>  <b>Date or dates debt was incurred</b> <u>10/31/2015</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ <u>114.92</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> <u>410 MASON, LLC</u> <u>4545 Bissonnet, Suite 100</u> <u>Bellaire, TX 77401</u>  <b>Date or dates debt was incurred</b> <u>11/1/15 - 1/1/16</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ <u>42,571.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lease Rental</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> <u>A/W MECHANICAL SERVICES, LP</u> <u>P O BOX 1421</u> <u>HOUSTON, TX 77251-1421</u>  <b>Date or dates debt was incurred</b> <u>6/15/15 - 8/31/15</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ <u>7,059.09</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ABC HOME AND COMMERCIAL SERVICES</u> <u>P O BOX 670389</u> <u>DALLAS, TX 75267-0389</u>  <b>Date or dates debt was incurred</b> <u>4/27/15 - 11/9/15</u> <b>Last 4 digits of account number</b> <u>2032</u>	<b>As of the petition filing date, the claim is:</b> \$ <u>13,696.20</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Accurate Telecom</u> <u>13815 Bella Drive</u> <u>Cypress, TX 77429</u>  <b>Date or dates debt was incurred</b> <u>3/5/14 - 12/16/14</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ <u>373.46</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<b>3.7</b>	<u>Achievement Tec</u> <u>4220 Proton Road, Suite 170</u> <u>Dallas, TX 75244</u>  Date or dates debt was incurred <u>12/16/14 - 8/31/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>6,600.46</u>
<b>3.8</b>	<u>ACS Commercial Services</u> <u>6723 Theall Road, Suite A</u> <u>Houston, TX 77066</u>  Date or dates debt was incurred <u>6/29/15 - 8/19/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>2,894.59</u>
<b>3.9</b>	<u>ADEYANKINNU, RICHARD O</u> _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>752.57</u>
<b>3.10</b>	<u>ADMIRAL LINEN &amp; UNIFORM DDFW</u> <u>1340 EAST BERRY STREET</u> <u>FORT WORTH, TX 76119</u>  Date or dates debt was incurred <u>9/2/15 - 11/13/15</u> Last 4 digits of account number <u>0554</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>5,269.36</u>
<b>3.11</b>	<u>Admiral Linen &amp; Uniform Service</u> <u>2030 KIPLING</u> <u>HOUSTON, TX 77098</u>  Date or dates debt was incurred <u>10/1/15 - 11/16/15</u> Last 4 digits of account number <u>5200</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>4,838.41</u>
<b>3.12</b>	<u>AGUILAR, REFUGIO J</u> _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>86.40</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**

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

Amount of claim

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ 584.87**3.13**AGUILERA, JOSE B

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: WagesDate or dates debt was incurred 11/9/15 - 11/29/15

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**3.14**

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ 43.38Air Rite Service

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Goods & ServicesDate or dates debt was incurred 9/30/15 - 10/26/15

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number 7210**3.15**

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ 4,384.35ALAMO PEST MANAGEMENT

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Goods & ServicesDate or dates debt was incurred 8/1/15 - 11/2/15

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**3.16**

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ 25,708.12Albanese Cormier Holdings

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Lease RentalDate or dates debt was incurred 12/1/15 - 1/1/16

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**3.17**

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ 270.90ALEXANDER, VICTORIA L

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: WagesDate or dates debt was incurred 11/9/15 - 11/29/15

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

**3.18**

Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$ 1,359.42ALEXANDER, WAYNE A

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: WagesDate or dates debt was incurred 11/9/15 - 11/29/15

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**

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

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 788.73
3.19	ALFARO, HECTOR A _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 1,321.00
3.20	All Microwave Center, Inc. PO Box 5544 Kingwood, TX 77325 Date or dates debt was incurred <u>6/4/13 - 8/15/13</u> Last 4 digits of account number <u>2027</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 743.75
3.21	ALSCO 421 ROOSEVELT AVENUE SAN ANTONIO, TX 78210 Date or dates debt was incurred <u>10/5/15 - 11/9/15</u> Last 4 digits of account number <u>1387</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 923.84
3.22	ALVARADO, DORILA _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 584.55
3.23	American Backflow & Plumbing 1515 N Town East Blvd, Suite 138-350 Mesquite, TX 75150 Date or dates debt was incurred <u>9/18/15 - 11/6/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 49.30
3.24	ANDERSON, KYLE D _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

\$

<b>3.25</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Arabel Rowe Dunbar Testamentar</u> <u>PO Box 1756-C</u> <u>Alvin, TX 77512-1756</u>	<b>As of the petition filing date, the claim is:</b> <u>72,171.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lease Rental</u>  <b>Date or dates debt was incurred</b> <u>08/1/15 - 1/1/16</u> <b>Last 4 digits of account number</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.26</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ARAMARK DALLAS - 1155</u> <u>AUS CENTRAL LOCKBOX, P O BOX 731676</u> <u>DALLAS, TX 75373-1676</u>	<b>As of the petition filing date, the claim is:</b> \$ <u>17,862.20</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u>  <b>Date or dates debt was incurred</b> <u>5/16/15 - 9/9/15</u> <b>Last 4 digits of account number</b> <u>5899</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.27</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ARAMARK HOUSTON - 1266</u> <u>AUS CENTRAL LOCKBOX, PO BOX 731676</u> <u>DALLAS, TX 75373-1676</u>	<b>As of the petition filing date, the claim is:</b> \$ <u>12,802.05</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u>  <b>Date or dates debt was incurred</b> <u>5/18/15 - 9/2/15</u> <b>Last 4 digits of account number</b> <u>6523</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.28</b>	<b>Nonpriority creditor's name and mailing address</b> <u>ARANDA, ELEUTERIO V</u> _____ _____	<b>As of the petition filing date, the claim is:</b> \$ <u>1,037.70</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Wages</u>  <b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.29</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Armstrong Repair Center, Inc.</u> <u>P.O. Box 1770</u> <u>Bellaire, TX 77402</u>	<b>As of the petition filing date, the claim is:</b> \$ <u>558.61</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u>  <b>Date or dates debt was incurred</b> <u>6/11/2015</u> <b>Last 4 digits of account number</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
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<b>3.30</b>	<b>Nonpriority creditor's name and mailing address</b> <u>AT&amp;T (105414)</u> <u>P.O. Box 105414</u> <u>Atlanta, GA 30348-5414</u>	<b>As of the petition filing date, the claim is:</b> \$ <u>247.98</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u>  <b>Date or dates debt was incurred</b> <u>11/1/2015</u> <b>Last 4 digits of account number</b> <u>3963</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.31</b>	<b>Nonpriority creditor's name and mailing address</b> ATMOS Energy PO Box 790311 St. Louis, MO 63179-0311  Date or dates debt was incurred <u>9/22/15 - 11/10/15</u> Last 4 digits of account number <u>3606</u>	As of the petition filing date, the claim is: \$ <u>13,139.49</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.32</b>	<b>Nonpriority creditor's name and mailing address</b> Audio Consultants 2926 Fountainview Houston, TX 77057  Date or dates debt was incurred <u>4/1/13 - 10/1/13</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>140.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.33</b>	<b>Nonpriority creditor's name and mailing address</b> Authorized Commercial Tech, Inc. 1209 Northwest Hwy # 154 Garland, TX 75041  Date or dates debt was incurred <u>6/12/13 - 10/16/13</u> Last 4 digits of account number <u>2047</u>	As of the petition filing date, the claim is: \$ <u>2,291.51</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.34</b>	<b>Nonpriority creditor's name and mailing address</b> AZTEC EVENTS & TENTS ARLINGTON 3301 E RANDOLL MILL ROAD ARLINGTON, TX 76011  Date or dates debt was incurred <u>10/13/2015</u> Last 4 digits of account number <u>2435</u>	As of the petition filing date, the claim is: \$ <u>363.20</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.35</b>	<b>Nonpriority creditor's name and mailing address</b> Aztec Party & Tent Rentals P O Box 678758 Dallas, TX 75267  Date or dates debt was incurred <u>10/15/15 - 11/6/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>947.39</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.36</b>	<b>Nonpriority creditor's name and mailing address</b> BAHENA, MARTIN _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ <u>1,780.85</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.37</b>	<b>Nonpriority creditor's name and mailing address</b> BEN E KEITH DALLAS (RAI) 1805 RECORD CROSSING DALLAS, TX 75235	<b>As of the petition filing date, the claim is:</b> \$ <u>31.15</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Date or dates debt was incurred</b> <u>9/28/15 - 11/11/15</u> <b>Last 4 digits of account number</b> <u>5459</u>	<b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.38</b>	<b>Nonpriority creditor's name and mailing address</b> BENITEZ, LUCIA [REDACTED] [REDACTED]	<b>As of the petition filing date, the claim is:</b> \$ <u>647.36</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.39</b>	<b>Nonpriority creditor's name and mailing address</b> BENITEZ, MAURA [REDACTED] [REDACTED]	<b>As of the petition filing date, the claim is:</b> \$ <u>711.03</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.40</b>	<b>Nonpriority creditor's name and mailing address</b> BENSON, CHASMERE P [REDACTED] [REDACTED]	<b>As of the petition filing date, the claim is:</b> \$ <u>306.76</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.41</b>	<b>Nonpriority creditor's name and mailing address</b> Best Plumbing, L.L.C. 7802 Farnsworth Houston, TX 77022	<b>As of the petition filing date, the claim is:</b> \$ <u>7,840.58</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	<b>Date or dates debt was incurred</b> <u>7/22/13 - 11/4/13</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.42</b>	<b>Nonpriority creditor's name and mailing address</b> BILLIZONE, INEZ L [REDACTED] [REDACTED]	<b>As of the petition filing date, the claim is:</b> \$ <u>428.66</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.43</b>	<b>Nonpriority creditor's name and mailing address</b> BLAIR, KERDONNA S _____ _____ _____	<b>As of the petition filing date, the claim is:</b> \$ <u>123.12</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> <u>Wages</u>	
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Last 4 digits of account number</b> _____	
<b>3.44</b>	<b>Nonpriority creditor's name and mailing address</b> Boneau, Matthew _____ _____ _____	<b>As of the petition filing date, the claim is:</b> \$ <u>138.69</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> <u>Wages</u>	
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Last 4 digits of account number</b> <u>0308</u>	
<b>3.45</b>	<b>Nonpriority creditor's name and mailing address</b> Bouldin, Bernice _____ _____ _____	<b>As of the petition filing date, the claim is:</b> \$ <u>1,024.94</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> <u>Wages</u>	
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Last 4 digits of account number</b> <u>6541</u>	
<b>3.46</b>	<b>Nonpriority creditor's name and mailing address</b> BREADY, EMILY K _____ _____ _____	<b>As of the petition filing date, the claim is:</b> \$ <u>193.47</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> <u>Wages</u>	
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Last 4 digits of account number</b> _____	
<b>3.47</b>	<b>Nonpriority creditor's name and mailing address</b> Bright Refrigeration, Inc. _____ 2716 Remington Drive _____ Royse City, TX 75189 _____	<b>As of the petition filing date, the claim is:</b> \$ <u>248.99</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	<b>Basis for the claim:</b> <u>Goods &amp; Services</u>	
	<b>Date or dates debt was incurred</b> <u>6/12/13 - 7/19/13</u>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Last 4 digits of account number</b> _____	
<b>3.48</b>	<b>Nonpriority creditor's name and mailing address</b> BRITE LITE SIGNS SERVICE INC _____ 9901 REGAL ROW _____ HOUSTON, TX 77040 _____	<b>As of the petition filing date, the claim is:</b> \$ <u>1,149.62</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> <u>Goods &amp; Services</u>	
	<b>Date or dates debt was incurred</b> <u>6/10/2015</u>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
	<b>Last 4 digits of account number</b> _____	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<b>3.49</b>	<u>Brixmor Holdings 12 SPE, LLC</u> <u>One Fayette Street Suite 150</u> <u>Conshohocken, PA 19428</u>  Date or dates debt was incurred <u>10/1/15 - 1/1/16</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	27,301.65
<b>3.50</b>	<u>BROTHERS PRODUCE INC - AUSTIN</u> <u>PO BOX 6008</u> <u>AUSTIN, TX 78762</u>  Date or dates debt was incurred <u>11/9/15 - 11/20/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	2,007.87
<b>3.51</b>	<u>Brothers Produce, Inc. - Dallas</u> <u>P.O. Box 550278</u> <u>Dallas, TX 75355</u>  Date or dates debt was incurred <u>10/21/15 - 11/21/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	37,496.02
<b>3.52</b>	<u>Brothers Produce, Inc. - Houston</u> <u>PO Box 1207</u> <u>Friendswood, TX 77549-1207</u>  Date or dates debt was incurred <u>10/21/15 - 11/21/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	31,593.73
<b>3.53</b>	<u>BRUCE, ALANAH N</u> _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	235.31
<b>3.54</b>	<u>BUENROSTRO, GABRIELA</u> _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	297.22

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<b>3.55</b>	<u>BullsEye Telecom</u> <u>C/O First Place Bank, PO Box 33025</u> <u>Detroit, MI 48232-5025</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	933.87
Date or dates debt was incurred <u>11/9/2015</u> Last 4 digits of account number <u>0000</u>		Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.56</b>	<u>BUSBY, DAVID T</u> <u>[REDACTED]</u> <u>[REDACTED]</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	64.88
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____		Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.57</b>	<u>BUSTAMANTE, YENNY</u> <u>[REDACTED]</u> <u>[REDACTED]</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	1,699.10
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____		Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.58</b>	<u>CALCAGNO, AMY L</u> <u>[REDACTED]</u> <u>[REDACTED]</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	349.61
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____		Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.59</b>	<u>CAMACHO, ASHLEY A</u> <u>[REDACTED]</u> <u>[REDACTED]</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	182.72
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____		Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.60</b>	<u>CAPELO, PRISCILLA U</u> <u>[REDACTED]</u> <u>[REDACTED]</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	847.68
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____		Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<b>3.61</b>	<u>Cardenas Tile</u> <u>3004 Caribbean Drive</u> <u>Mesquite, TX 75150</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	300.00
Date or dates debt was incurred <u>9/18/2013</u> Last 4 digits of account number _____		Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.62</b>	<u>CASTELLANOS, FIDEL</u> <u>[REDACTED]</u> <u>[REDACTED]</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	487.40
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____		Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.63</b>	<u>CASTILLO, BERNON</u> <u>[REDACTED]</u> <u>[REDACTED]</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	147.52
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____		Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.64</b>	<u>Catherine Bachman</u> <u>6525 Lakeville Highway</u> <u>Petaluma, CA 94954</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	25,500.00
Date or dates debt was incurred <u>12/1/15 - 1/1/16</u> Last 4 digits of account number _____		Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.65</b>	<u>CenterPoint Energy - Houston</u> <u>PO Box 4981</u> <u>Houston, TX 77210-4981</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	5,973.01
Date or dates debt was incurred <u>9/4/15 - 11/12/15</u> Last 4 digits of account number <u>2059</u>		Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.66</b>	<u>CFG XV, Inc</u> <u>450 S. Orange ST</u> <u>Orlando, FL 32801</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	1,420,000.00
Date or dates debt was incurred <u>12/22/2010</u> Last 4 digits of account number _____		Basis for the claim: <u>Note</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<b>3.67</b>	CHADWELL, MARY E [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	399.00
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.68</b>	Charter Communications (790261) PO Box 790261 Saint Louis, MO 63179-0261	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	225.26
Date or dates debt was incurred <u>10/22/2015</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number <u>9867</u>		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.69</b>	CHEATHAM, BOBBY L [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	101.19
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.70</b>	City Of Conroe 300 W. Davis, Ste 240 Conroe, TX 77305-3066	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	4.56
Date or dates debt was incurred <u>1/9/2009</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number <u>9001</u>		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.71</b>	CITY OF DALLAS (UTILITIES) CITY HALL, 2D SOUTH DALLAS, TX 75277	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	849.38
Date or dates debt was incurred <u>11/5/2015</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number <u>2001</u>		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.72</b>	City Of Denton Accounting 601 E Hickory St Ste F Denton, TX 76205	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	100.00
Date or dates debt was incurred <u>10/14/2014</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<b>3.73</b>	CITY OF FORT WORTH - WATER PO BOX 961003 FORTH WORTH, TX 76161-0003  Date or dates debt was incurred <u>9/13/15 - 11/5/15</u> Last 4 digits of account number <u>2005</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>9,309.85</u>
<b>3.74</b>	City Of Garland (Police Department) Alarm Section, 1891 Forest Ln Garland, TX 75042  Date or dates debt was incurred <u>8/5/2013</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>75.00</u>
<b>3.75</b>	City Of Garland (Utility) PO BOX 461508 Garland, TX 75046-1508  Date or dates debt was incurred <u>10/28/2015</u> Last 4 digits of account number <u>2028</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,988.44</u>
<b>3.76</b>	CITY OF HOUSTON - WATER DEPT PO BOX 1560 HOUSTON, TX 77251  Date or dates debt was incurred <u>9/15/15 - 11/5/15</u> Last 4 digits of account number <u>2109</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,762.92</u>
<b>3.77</b>	City Of Plano Utilities PO Box 861990 Plano, TX 75086-1990  Date or dates debt was incurred <u>11/2/15 - 11/4/15</u> Last 4 digits of account number <u>2011</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,760.79</u>
<b>3.78</b>	City of Rockwall (Alarm Program) Alarm Program, P.O. Box 140455 Irving, TX 75014-0455  Date or dates debt was incurred <u>9/17/2015</u> Last 4 digits of account number <u>9999</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>250.00</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<b>3.79</b>	Clean Cut Lawn & Landscape 6046 FM 2920 Road #306 Spring, TX 77379  Date or dates debt was incurred <u>4/15/2014</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	454.65
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<b>3.80</b>	CLEARWATER PLUMBERS P O BOX 136182 FORT WORTH, TX 76136  Date or dates debt was incurred <u>10/14/2015</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	337.12
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<b>3.81</b>	CLIMATE TECH AIR CONDITIONING & HEATING LLC 13657 JUPITER RD, SUITE 111 DALLAS, TX 75238  Date or dates debt was incurred <u>8/10/15 - 11/13/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	39,382.49
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<b>3.82</b>	Coca Cola North Texas PO BOX 840232 Dallas, TX 75284-0232  Date or dates debt was incurred <u>2/28/2007</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	397.00
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<b>3.83</b>	Colorado Honey Company 3843 Stream Court Fort Collins, CO 80526  Date or dates debt was incurred <u>6/27/2015</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	675.42
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<b>3.84</b>	Comcast(660618)) PO Box 660618 Dallas, TX 75266-0618  Date or dates debt was incurred <u>10/2/15 - 11/5/15</u> Last 4 digits of account number <u>0416</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	2,207.16

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.85</b>	COMINSKY, CODY S [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	268.25
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.86</b>	CONDITIONED AIR SERVICES 217 S BELT LINE RD GRAND PRAIRIE, TX 75051	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	63,823.88
Date or dates debt was incurred <u>6/8/15 - 8/14/15</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.87</b>	Consolidated Communications PO BOX 66523 Saint Louis, MO 63166-6523	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	327.10
Date or dates debt was incurred <u>11/1/2015</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number <u>3115</u>		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.88</b>	Cousins Lawn Service 9126 Gross St Beaumont, TX 77707	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	779.85
Date or dates debt was incurred <u>8/31/14 - 9/30/14</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.89</b>	Cozzini Bros., Inc 350 Howard Avenue Des Plaines, IL 60018	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	1,129.05
Date or dates debt was incurred <u>8/24/15 - 11/12/15</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.90</b>	CPZ Northway, L.L.C. PO Box 713816 Cincinnati, OH 45271-3816	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	3,988.00
Date or dates debt was incurred <u>7/30/2015</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.91</b>	CPZ Northway, L.L.C. 12 Greenway Plaza, Suite 1500 Houston, TX 77046	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	80,257.00
Date or dates debt was incurred <u>05/1/15 - 01/1/16</u> Last 4 digits of account number _____		Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.92</b>	CRUZ, MARIA _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	758.64
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____		Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.93</b>	CUAPIO, LAZARO _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	154.50
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____		Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.94</b>	Custom Works 12802 Naples Ln. Stafford, TX 77477	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	384.29
Date or dates debt was incurred <u>8/19/2013</u> Last 4 digits of account number _____		Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.95</b>	CUTLER, SAMANTHA L _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	250.41
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____		Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.96</b>	DAVIS, ASHTON _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	237.91
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____		Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**

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

Amount of claim

<b>3.97</b>	<b>Nonpriority creditor's name and mailing address</b> Daydots 24198 Network Place Chicago, IL 60673-1241  <b>Date or dates debt was incurred</b> <u>5/18/2009</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>39.28</u>
<b>3.98</b>	<b>Nonpriority creditor's name and mailing address</b> DayMark Food Safety Systems 12836 South Dixie Hwy. Bowling Green, OH 43402  <b>Date or dates debt was incurred</b> <u>5/23/13 - 12/26/13</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,713.37</u>
<b>3.99</b>	<b>Nonpriority creditor's name and mailing address</b> DEERBROOK COMMONS LTD 13131 Dairy Ashford Rd, Ste 380 Sugar Land, TX 77478  <b>Date or dates debt was incurred</b> <u>09/1/15 - 1/1/16</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lease Rental</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>72,912.00</u>
<b>3.100</b>	<b>Nonpriority creditor's name and mailing address</b> DELGADILLO, KARLA D _____ _____ _____  <b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>846.45</u>
<b>3.101</b>	<b>Nonpriority creditor's name and mailing address</b> Denton Chamber of Commerce 414 Parkway Denton, TX 76201  <b>Date or dates debt was incurred</b> <u>7/1/2013</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>400.00</u>
<b>3.102</b>	<b>Nonpriority creditor's name and mailing address</b> DICKMAN DAVENPORT, INC 313 TURTLE CREEK BLVD, SUITE 320 DALLAS, TX 75219  <b>Date or dates debt was incurred</b> <u>8/4/2015</u> <b>Last 4 digits of account number</b> <u>0723</u>	<b>As of the petition filing date, the claim is:</b> \$ _____  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>702.37</u>

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Debtor Restaurants Acquisition I, LLC  
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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.103</b>	DIRECTV PO Box 60036 Los Angeles, CA 90060-0036  Date or dates debt was incurred <u>8/21/09 - 10/15/10</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>495.78</u>
<b>3.104</b>	Discount Helium of Dallas, Inc. P.O. Box 872061 Mesquite, TX 75187-2061  Date or dates debt was incurred <u>3/1/13 - 7/30/13</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>647.07</u>
<b>3.105</b>	DOMINQUEZ, ARTURO P _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>268.56</u>
<b>3.106</b>	DOT IT LABELS PO BOX 860272 MINNEAPOLIS, MN 55486  Date or dates debt was incurred <u>8/13/15 - 11/12/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>4,777.31</u>
<b>3.107</b>	Dowe Microwave Service, Inc. 800 Switzer Lane Cedar Hill, TX 75104-7234  Date or dates debt was incurred <u>12/18/13 - 7/4/14</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,058.36</u>
<b>3.108</b>	Dragon Fire Systems 128 W. Zipp Road New Braunfels, TX 78130  Date or dates debt was incurred <u>6/8/2015</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>530.05</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
<b>3.109</b>	DRAPER, LARRY _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>649.90</u>
<b>3.110</b>	DRUM, JACOB L _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>273.92</u>
<b>3.111</b>	Dunbar Security Products Inc PO BOX 333 Baltimore, MD 21203-0333 Date or dates debt was incurred <u>10/13/15 - 11/6/15</u> Last 4 digits of account number _____	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>126.56</u>
<b>3.112</b>	DYKEMA GOSSETT PLLC 400 RENAISSANCE CTR FL 38 DETROIT, MI 48243 Date or dates debt was incurred <u>7/4/15 - 10/21/15</u> Last 4 digits of account number <u>0141</u>	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>10,046.34</u>
<b>3.113</b>	ECOLAB EQUIPMENT CARE ECOLAB EQUIPMENT CARE, 24673 NETWORK PL CHICAGO, IL 60673-1246 Date or dates debt was incurred <u>3/4/2013</u> Last 4 digits of account number _____	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>342.08</u>
<b>3.114</b>	ECOLAB FOOD SAFETY SOLUTIONS 24198 NETWORK PLACE CHICAGO, IL 60673-1241 Date or dates debt was incurred <u>4/20/13 - 7/27/15</u> Last 4 digits of account number <u>0109</u>	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>573.68</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.115</b>	Ecolab Inc P.O.Box 70343 Chicago, IL 60673-0343	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	8,908.50
Date or dates debt was incurred <u>7/1/15 - 10/29/15</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.116</b>	Ecosystems Management Co. 1043 Orchard Hill Houston, TX 77077	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	1,201.59
Date or dates debt was incurred <u>8/1/14 - 11/1/14</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.117</b>	ED PHILLIPS PLUMBING 4556 GLORIA ALLEN DR COLLEGE STATION, TX 77845	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	436.94
Date or dates debt was incurred <u>11/8/2012</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.118</b>	Edward Don & Company 2562 Paysphere Circle Chicago, IL 60674	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	15,031.63
Date or dates debt was incurred <u>3/18/10 - 11/22/15</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.119</b>	EGGLESTON KING, LLP 102 HOUSTON AVE WEATHERFORD, TX 76086	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	34,362.40
Date or dates debt was incurred <u>8/4/15 - 10/7/15</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.120</b>	ELI'S RESTAURANT SERVICE ELI PONCE, 8810 HANFORD DR DALLAS, TX 75243	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	335.00
Date or dates debt was incurred <u>7/26/2014</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.121</b>	Elliott Electric Supply P.O. Box 630610, 2526 N. Stallings Drive Nacogdoches, TX 75963	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	97.42
Date or dates debt was incurred <u>11/22/2011</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.122</b>	EMERGENCY ICE 8700 DIPLOMACY ROW DALLAS, TX 75247	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	3,618.10
Date or dates debt was incurred <u>5/31/15 - 10/5/15</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.123</b>	Entergy PO Box 8104 Baton Rouge, LA 70891-8104	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	4,806.47
Date or dates debt was incurred <u>11/5/2015</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number <u>0517</u>		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.124</b>	Enterprise (Houston) 14900 Gulf Freeway, Suite A Houston, TX 77034-5355	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	2.13
Date or dates debt was incurred <u>12/28/2009</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.125</b>	ENTREES ON TRAYS (DENTON) PO Box 22125 Beaumont, TX 77720	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	294.19
Date or dates debt was incurred <u>9/1/2013</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.126</b>	ENVIRONMENTAL PLUMBING SOLUTIONS 1320 FORD ST IRVING, TX 75061	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	9,952.64
Date or dates debt was incurred <u>2/22/14 - 9/28/15</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.127</b>	<u>ESPRESSO RMI INC</u> <u>9039 VANTAGE POINT DRIVE</u> <u>DALLAS, TX 75243</u>  Date or dates debt was incurred <u>6/29/15 - 7/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>805.18</u>
<b>3.128</b>	<u>Nonpriority creditor's name and mailing address</u> <u>EVENSON, NATALIE S</u> _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>128.14</u>
<b>3.129</b>	<u>Nonpriority creditor's name and mailing address</u> <u>Express Services/Cantu Enterprises (Dallas), LLC</u> <u>6800 Poplar Avenue, Atrium 1 - #121</u> <u>Memphis, TX 38138</u>  Date or dates debt was incurred <u>4/18/14 - 9/8/14</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>4,589.80</u>
<b>3.130</b>	<u>Nonpriority creditor's name and mailing address</u> <u>Farmer Brothers Coffee</u> <u>P.O. Box 79705</u> <u>City of Industry, CA 91716-9705</u>  Date or dates debt was incurred <u>12/27/2010</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>348.11</u>
<b>3.131</b>	<u>Nonpriority creditor's name and mailing address</u> <u>FAULKNER MACKIE &amp; COCHRAN PC</u> <u>3100 WEST END ACE STE 700</u> <u>NASHVILLE, TN 37203-1372</u>  Date or dates debt was incurred <u>9/30/15 - 10/31/15</u> Last 4 digits of account number <u>2380</u>	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>18,334.88</u>
<b>3.132</b>	<u>Nonpriority creditor's name and mailing address</u> <u>FAULKNER, ANDREW C</u> _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>217.78</u>

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Debtor Restaurants Acquisition I, LLC  
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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
<b>3.133</b>	FERGUSON BRASWELL & FRASER PC 2500 DALLAS PKWY STE 501 PLANO, TX 75093  Date or dates debt was incurred <u>3/23/15 - 8/20/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>20,563.09</u>
<b>3.134</b>	FIGUEROA, NAZARIO ROMAN _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>172.92</u>
<b>3.135</b>	Fishbowl Marketing Dept AT 952733 Atlanta, GA 31192-2733 Date or dates debt was incurred <u>9/1/15 - 11/1/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>7,426.70</u>
<b>3.136</b>	Fort Bend/Southwest Star 4655 Techniplex, Suite 300 Stafford, TX 77477 Date or dates debt was incurred <u>2/6/13 - 10/23/13</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,164.50</u>
<b>3.137</b>	FORT WORTH TEXAS MAGAZINE 6777 CAMP BOWIE BLVD STE 130 FORT WORTH, TX 76116 Date or dates debt was incurred <u>8/22/2014</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>658.82</u>
<b>3.138</b>	FRAIRE, MARIA G _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>500.89</u>

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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.139</b>	FREUND, MATTHEW T _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	110.77
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.140</b>	Nonpriority creditor's name and mailing address FTS Repair & Maintenance _____ FTS Repair & Maintenance, 10772 CR 905 _____ Princeton, TX 75407 _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	6,881.10
Date or dates debt was incurred <u>8/3/15 - 9/2/15</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.141</b>	Nonpriority creditor's name and mailing address FULLEN, TOBY S _____ _____ _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	96.27
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.142</b>	Nonpriority creditor's name and mailing address GAITAN, MARIAH C _____ _____ _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	175.24
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.143</b>	Nonpriority creditor's name and mailing address GALLARDO, JOSE M _____ _____ _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	92.00
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.144</b>	Nonpriority creditor's name and mailing address GALVAN, VENUSTIANO F _____ _____ _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	749.39
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
Name \_\_\_\_\_Case number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.145</b>	GAMEZ, WILLIAM _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	175.80
	Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>	Basis for the claim: <u>Wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.146</b>	GARCIA, CHARLES A _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	74.84
	Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>	Basis for the claim: <u>Wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.147</b>	GARLAND POLICE DEPT _____ ATTN ALARM UNIT, 1891 FOREST LANE _____ GARLAND, TX 75042	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	150.00
	Date or dates debt was incurred <u>11/6/2015</u>	Basis for the claim: <u>Goods &amp; Services</u>	
	Last 4 digits of account number <u>9425</u>	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.148</b>	GEARY PORTER & DONOVAN PC _____ PO BOX 700248 _____ DALLAS, TX 75370-0248	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	4,324.64
	Date or dates debt was incurred <u>5/20/2011</u>	Basis for the claim: <u>Goods &amp; Services</u>	
	Last 4 digits of account number <u>8447</u>	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.149</b>	General Signs _____ 900 Buena Vista _____ San Antonio, TX 78207	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	480.55
	Date or dates debt was incurred <u>2/27/2014</u>	Basis for the claim: <u>Goods &amp; Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.150</b>	Giglio Distributing _____ 155 M L King Pkwy _____ Beaumont, TX 77701	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	70.80
	Date or dates debt was incurred <u>12/29/2014</u>	Basis for the claim: <u>Goods &amp; Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
<b>3.151</b>	Giles, Johnny [REDACTED] [REDACTED]	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	2,444.53
<b>3.152</b>	GIVENS, TARA M [REDACTED] [REDACTED]	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	101.69
<b>3.153</b>	Glazers Wholesale (Houston) 9350 East Point Drive, P.O. Box 2686 Houston, TX 77054-3716	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	361.08
<b>3.154</b>	Glazers Wholesale (Waco) 2525 Texas Central Parkway Waco, TX 76712	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	146.68
<b>3.155</b>	GOLIGHTLY, MANDIE L [REDACTED] [REDACTED]	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	116.70
<b>3.156</b>	GONZALEZ, BRIANA I [REDACTED] [REDACTED]	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	97.92

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.157</b>	<b>Nonpriority creditor's name and mailing address</b> GRANT, BRANDON T [REDACTED] [REDACTED]	<b>As of the petition filing date, the claim is:</b> \$ <u>83.80</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.158</b>	<b>Nonpriority creditor's name and mailing address</b> Great Southwestern Fire & Safety 310 W. Commerce Street Dallas, TX 75208	<b>As of the petition filing date, the claim is:</b> \$ <u>8,493.28</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b> <u>2/25/15 - 11/4/15</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.159</b>	<b>Nonpriority creditor's name and mailing address</b> GREEN, JIMMY L [REDACTED] [REDACTED]	<b>As of the petition filing date, the claim is:</b> \$ <u>704.88</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.160</b>	<b>Nonpriority creditor's name and mailing address</b> GUEVARA, BERTA F [REDACTED] [REDACTED]	<b>As of the petition filing date, the claim is:</b> \$ <u>876.23</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.161</b>	<b>Nonpriority creditor's name and mailing address</b> GUEVARA, MAGDALENO [REDACTED] [REDACTED]	<b>As of the petition filing date, the claim is:</b> \$ <u>1,391.78</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.162</b>	<b>Nonpriority creditor's name and mailing address</b> GUEVARA, YESENIA E [REDACTED] [REDACTED]	<b>As of the petition filing date, the claim is:</b> \$ <u>82.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	<b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
Name \_\_\_\_\_Case number (if known) 15-12406 (KG)**Part 2. Additional Page**

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

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 54.46
3.163	GUINN, HEATHER A _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 9,428.68
3.164	Gulf Coast Pressure Washing Service _____ Moises E Menjivar, 7202 Corta Calle Dr _____ Houston, TX 77083 _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>2/13/12 - 5/7/14</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 190.43
3.165	GUTIERREZ, ARGEL M _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 88.00
3.166	GUTIERREZ, MARIA E _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 155.87
3.167	H & H Industries, Inc. _____ P.O. Box 735 _____ Elmwood, IL 61529-0735 _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Date or dates debt was incurred <u>10/20/08 - 12/29/08</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 143.92
3.168	HALL, CONOR A _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC Case number (if known) 15-12406 (KG)  
 Name \_\_\_\_\_

**Part 2. Additional Page**

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

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
3.169	HAMPTON, SANDRA J [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	11.72
Basis for the claim: <u>Wages</u>			
Date or dates debt was incurred	<u>11/9/15 - 11/29/15</u>	Is the claim subject to offset?	
Last 4 digits of account number	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
3.170	Hardie's Fruit & Vegetable South PO Box 613216 Dallas, TX 75261	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	3,634.45
Basis for the claim: <u>Goods &amp; Services</u>			
Date or dates debt was incurred	<u>12/4/13 - 12/27/13</u>	Is the claim subject to offset?	
Last 4 digits of account number	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
3.171	HARRIS, TANISHA L [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	86.61
Basis for the claim: <u>Wages</u>			
Date or dates debt was incurred	<u>11/9/15 - 11/29/15</u>	Is the claim subject to offset?	
Last 4 digits of account number	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
3.172	HECHT, LAUREN K [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	59.52
Basis for the claim: <u>Wages</u>			
Date or dates debt was incurred	<u>11/9/15 - 11/29/15</u>	Is the claim subject to offset?	
Last 4 digits of account number	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
3.173	HERNANDEZ, MARTINA M [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	728.99
Basis for the claim: <u>Wages</u>			
Date or dates debt was incurred	<u>11/9/15 - 11/29/15</u>	Is the claim subject to offset?	
Last 4 digits of account number	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
3.174	HESTER, HOLLY M [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	54.39
Basis for the claim: <u>Wages</u>			
Date or dates debt was incurred	<u>11/9/15 - 11/29/15</u>	Is the claim subject to offset?	
Last 4 digits of account number	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**

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

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	Amount of claim
3.175	HOBALLAH, SAMIR H _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>323.70</u>
3.176	HOBART - ITW FOOD EQUIP _____ ITW FOOD EQUIPMENT GROUP, PO BOX 2517 _____ CAROL STREAM, IL 60132-2517 _____ Date or dates debt was incurred <u>5/17/14 - 12/29/14</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>884.89</u>
3.177	HUDSON ENERGY _____ PO BOX 731137 _____ DALLAS, TX 75373-1137 _____ Date or dates debt was incurred <u>9/10/15 - 11/10/15</u> Last 4 digits of account number <u>2041</u>	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>43,310.19</u>
3.178	HURST, JEFFREY L _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>915.76</u>
3.179	HUTCHINS, CHRISTOPHER C _____ _____ N _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>94.98</u>
3.180	iAnywhere Solutions, Inc. _____ A Sybase Company, P.O. Box 742482 _____ Los Angeles, CA 90074-2482 _____ Date or dates debt was incurred <u>2/28/14 - 7/1/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>6,540.02</u>

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Debtor Restaurants Acquisition I, LLC Case number (if known) 15-12406 (KG)  
 Name \_\_\_\_\_

**Part 2. Additional Page**

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

Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$
<b>3.181</b> IMI INVESTMENTS INC 701 N Post Oak Rd, STE 9 Houston, TX 77024 Date or dates debt was incurred <u>08/1/15 - 01/1/16</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	65,745.00
<b>3.182</b> Ingram Plumbing & General Contracting Co. 15502 Hwy 3 Unit 305 Webster, TX 77598 Date or dates debt was incurred <u>10/17/2015</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	1,500.00
<b>3.183</b> JACKSON, PAMELA E _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	148.53
<b>3.184</b> JAHCO Spring Creek, LLC PO Box 14586 Oklahoma City, OK 73113 Date or dates debt was incurred <u>10/1/15 - 1/1/16</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	26,147.31
<b>3.185</b> JAMES, BRANDON L _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	787.30

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Debtor Restaurants Acquisition I, LLC  
Name \_\_\_\_\_Case number (if known) 15-12406 (KG)**Part 2. Additional Page**

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

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	Amount of claim
3.186	<u>Janpak/Ft Worth</u> <u>PO Box 803375</u> <u>Dallas, TX 75380</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>9.43</u>
	Date or dates debt was incurred <u>9/11/2002</u> Last 4 digits of account number _____	Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.187	<u>JOHNSON, KIMBERLY M.</u> <u>[REDACTED]</u> <u>[REDACTED]</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>21.94</u>
	Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.188	<u>Jones 1960 Crossroads, LLC</u> <u>PO Box 130564</u> <u>Spring, TX 77393</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>43,046.76</u>
	Date or dates debt was incurred <u>9/1/15 - 01/1/16</u> Last 4 digits of account number _____	Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.189	<u>KASMUSSEN, CHELSEA A</u> <u>[REDACTED]</u> <u>[REDACTED]</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>100.63</u>
	Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.190	<u>KB Nutrition Consulting</u> <u>707 Osterman Ave Unit# 238</u> <u>Deerfield, IL 60015-6209</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>765.00</u>
	Date or dates debt was incurred <u>7/1/2015</u> Last 4 digits of account number _____	Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.191	<u>KELLEY, KATHRYN</u> <u>[REDACTED]</u> <u>[REDACTED]</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>97.54</u>
	Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
<b>3.192</b>	<u>KIMCO REALTY CORPORATION</u> <u>3333 NEW HYDE PARK ROAD, SUITE 100</u> <u>NEW HYDE PARK, NY 11042-0020</u>  Date or dates debt was incurred <u>7/1/15 - 9/1/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>40,085.97</u>
<b>3.193</b>	<u>KIM-MP Multi State, LLC</u> <u>8140 Walnut Hill LN, Suite 400</u> <u>Dallas, TX 75231</u>  Date or dates debt was incurred <u>01/01/15 - 06/01/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>183,994.89</u>
<b>3.194</b>	<u>KING, TREY B</u> _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>75.97</u>
<b>3.195</b>	<u>KIRKWOOD, THENORRIS J</u> _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>332.91</u>
<b>3.196</b>	<u>Kitchen Kutup</u> <u>2208 Appian Way</u> <u>Pearland, TX 77584</u>  Date or dates debt was incurred <u>9/17/15 - 10/27/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>163.45</u>
<b>3.197</b>	<u>KITTLESON, JOHN C</u> _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>210.18</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
<b>3.198</b>	Lattimore Black Morgan & Cain PC PO Box 1869 Brentwood, TN 37024  Date or dates debt was incurred <u>8/19/13 - 10/11/13</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>14,325.00</u>
<b>3.199</b>	LCSSC LTD 3900 Essex Lane, Suite 1070 Houston, TX 77027  Date or dates debt was incurred <u>08/1/15 - 01/1/16</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>73,669.00</u>
<b>3.200</b>	LEWIS THOMASON KING KRIEG & WALDROP PO BOX 2425 KNOXVILLE, TN 37901  Date or dates debt was incurred <u>2/1/2014</u> Last 4 digits of account number <u>0000</u>	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>826.00</u>
<b>3.201</b>	Lincoln Square Dunhill, LP 436 Lincoln Square Arlington, TX 76011  Date or dates debt was incurred <u>12/1/2015</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>16,437.17</u>
<b>3.202</b>	Liquid Environmental Solutions Of Texas, LP P.O. Box 203371 Dallas, TX 75320-3371  Date or dates debt was incurred <u>1/31/14 - 8/31/15</u> Last 4 digits of account number <u>3856</u>	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>18,106.31</u>
<b>3.203</b>	LOPEZ, JUSTIN L _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>156.40</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.204</b>	LOPEZ, NANCY _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	554.58
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.205</b>	LOPEZ, VIRGINIA A _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	64.00
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.206</b>	LOPEZ, YURI _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	226.96
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.207</b>	LOTT, STEFEN S _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	1,792.97
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.208</b>	LUCAS, ANTHONY _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	72.12
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.209</b>	LUCE, TYLER T _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	679.28
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.210</b>	LYONS, KYLE J _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	_____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>708.11</u>
<b>3.211</b>	Nonpriority creditor's name and mailing address Marien, Quentin _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number <u>3544</u>	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,239.30</u>
<b>3.212</b>	Nonpriority creditor's name and mailing address MARTIN FROST & HILL 3345 BEE CAVE RD STE 105 AUSTIN, TX 78746  Date or dates debt was incurred <u>5/30/13 - 8/31/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>2,193.17</u>
<b>3.213</b>	Nonpriority creditor's name and mailing address MARTIN, WILLIAM H _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>395.49</u>
<b>3.214</b>	Nonpriority creditor's name and mailing address MARTINEZ, ANDRES RIOS _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>109.73</u>
<b>3.215</b>	Nonpriority creditor's name and mailing address MARTINEZ, JESUS ALBERTO _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>2,705.52</u>

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Debtor Restaurants Acquisition I, LLC  
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If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.216</b>	MARTINEZ, MARIA A _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	926.79
<b>3.217</b>	MARTINEZ, MARISELA _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	336.44
<b>3.218</b>	MASON, PENNY I _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	342.96
<b>3.219</b>	MCCOY, MASON T _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	102.20
<b>3.220</b>	MCCRARY, RANDAL S _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	174.70
<b>3.221</b>	MELGOZA, ALEXANDRO M _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	101.88

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Debtor

Restaurants Acquisition I, LLC  
Name

Case number (if known) 15-12406 (KG)

**Part 2. Additional Page**

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

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.222</b>	MENDEZ, ARMANDO F _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	1,634.87
	Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: <u>Wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.223</b>	MENDOZA, ADAN _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	273.78
	Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: <u>Wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.224</b>	MENDOZA, JACOB R _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	175.30
	Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: <u>Wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.225</b>	MENDOZA, MELESIO _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	1,194.90
	Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: <u>Wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.226</b>	Merit Appraisal & Tax Consulting, L.P. _____ PO BOX 330 _____ GAINESVILLE, TX 76241-0330 _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	1,333.34
	Date or dates debt was incurred 10/1/15 - 11/1/15	Basis for the claim: <u>Goods &amp; Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.227</b>	MEYER, CHARLA _____ _____ _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	280.60
	Date or dates debt was incurred 11/9/15 - 11/29/15	Basis for the claim: <u>Wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
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If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
<b>3.228</b>	MILLER, NICOLE L [REDACTED] [REDACTED]	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	149.82
<b>3.229</b>	MLE Restaurant Group, LLC 18 East 22nd Street New York, NY 10010	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	162,926.00
<b>3.230</b>	MOBLEY, CODY R [REDACTED] [REDACTED]	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	1,691.13
<b>3.231</b>	MOLINA-OLIVIA, ANDRES W. [REDACTED] [REDACTED]	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	566.95
<b>3.232</b>	Montgomery County Alarm Detail PO Box 2178 Conroe, TX 77305	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	20.00
<b>3.233</b>	MOORE, EBONY R [REDACTED] [REDACTED]	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	122.22

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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
<b>3.234</b>	MOORE, MARKEL D _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>681.31</u>
<b>3.235</b>	Nonpriority creditor's name and mailing address Moreno, Hector _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number <u>2485</u>	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>974.04</u>
<b>3.236</b>	Nonpriority creditor's name and mailing address M-SCAPE LANDSCAPE MANAGEMENT LLC PO BOX 50925 DENTON, TX 76206 Date or dates debt was incurred <u>8/1/13 - 10/1/13</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>340.99</u>
<b>3.237</b>	Nonpriority creditor's name and mailing address MSPARK P O BOX 532536 ATLANTA, GA 30353-2536 Date or dates debt was incurred <u>6/3/2015</u> Last 4 digits of account number <u>3710</u>	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>47,865.16</u>
<b>3.238</b>	Nonpriority creditor's name and mailing address MY TECH TEXAS LLC 2201 LONG PRAIRIE RD STE 107-153 FLOWER MOUND, TX 75022 Date or dates debt was incurred <u>3/5/14 - 7/29/14</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>10,100.36</u>
<b>3.239</b>	Nonpriority creditor's name and mailing address NAVARRO, ANTHONY _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>66.43</u>

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Debtor Restaurants Acquisition I, LLC  
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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.240</b>	NAY, ANTHONY T [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	130.90
<b>3.241</b>	NERI, EDDY S [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	32.04
<b>3.242</b>	NOLAN RYAN BEEF PO BOX 448 HUNTSVILLE, TX 77342-0448	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	1,270.04
<b>3.243</b>	NuCo2, Inc. P O Box 417902 Boston, MA 02241-7902	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	6,794.30
<b>3.244</b>	NUNEZ SALES, ROSA [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	938.13
<b>3.245</b>	NUNEZ, INGRID Y [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	194.96

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.246</b>	Oak Farms - San Antonio PO Box 200349 Dallas, TX 75320-0349  Date or dates debt was incurred <u>11/4/2015</u> Last 4 digits of account number <u>4227</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>329.42</u>
<b>3.247</b>	Oak Farms/Schepps - Houston PO Box 973866 Dallas, TX 75397-3866  Date or dates debt was incurred <u>10/30/15 - 11/13/15</u> Last 4 digits of account number <u>9350</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,483.56</u>
<b>3.248</b>	Oak Farms/Schepps Dairy - Dallas PO Box 200300 Dallas, TX 75320-0300  Date or dates debt was incurred <u>10/29/15 - 11/12/15</u> Last 4 digits of account number <u>4634</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>2,415.09</u>
<b>3.249</b>	Ohm's Law Electric & Air Condition 6420 Burdine Court Houston, TX 77085  Date or dates debt was incurred <u>3/18/2015</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>272.01</u>
<b>3.250</b>	OJEDA, ROSA M _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>392.56</u>
<b>3.251</b>	Orca Systems PO Box 200923 Arlington, TX 76006  Date or dates debt was incurred <u>7/22/2015</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>964.53</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
<b>3.252</b>	ORTEGA II, PATRICK A _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>175.72</u>
<b>3.253</b>	PACIS, OSCAR E _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>63.75</u>
<b>3.254</b>	Pak-Man Packaging & Supply Co 3930 Hartsdale Houston, TX 77063 Date or dates debt was incurred <u>4/9/2014</u> Last 4 digits of account number _____	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>229.28</u>
<b>3.255</b>	PALACIOS, NARCISO _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>695.50</u>
<b>3.256</b>	PARKER, DONNA R _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>87.14</u>
<b>3.257</b>	Peak Lighting Products, Inc. PO Box 51015 Colorado Springs, CO 80907 Date or dates debt was incurred <u>6/12/2013</u> Last 4 digits of account number _____	\$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>351.96</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.258</b>	PEREZ, ALEJANDRO [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	673.65
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.259</b>	PEREZ, RICARDO [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	840.00
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.260</b>	PEREZ, ROMOLO J [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	1,071.24
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.261</b>	Peterson Equities, LLC 1912 Taft Av Loveland, CO 80538-3115	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	308,007.00
Date or dates debt was incurred <u>03/01/15 - 01/1/16</u>		Basis for the claim: <u>Lease Rental</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.262</b>	Plano Police Department False Alarm Reduction Unit, PO Box 860358 Plano, TX 75086-0358	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	50.00
Date or dates debt was incurred <u>11/3/2015</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number <u>3732</u>		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.263</b>	PLUMB CRAZY SYSTEMS P O BOX 131 MAGNOLIA, TX 77353	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	311.76
Date or dates debt was incurred <u>10/16/2015</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.264</b>	PM Realty Group 1440 Lake Front Circle, Suite 150 The Woodlands, TX 77380  Date or dates debt was incurred <u>3/27/2013</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>79.92</u>
<b>3.265</b>	Nonpriority creditor's name and mailing address POOL, CHRISTOPHER A _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>84.30</u>
<b>3.266</b>	Nonpriority creditor's name and mailing address Precise Panes PO Box 701595 Dallas, TX 75370  Date or dates debt was incurred <u>9/18/15 - 10/19/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>822.72</u>
<b>3.267</b>	Nonpriority creditor's name and mailing address PRECISE TECHNICAL SERVICES INC 18616 KLEIN CHURCH RD SPRING, TX 77379  Date or dates debt was incurred <u>6/8/15 - 8/15/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,758.91</u>
<b>3.268</b>	Nonpriority creditor's name and mailing address PREMIUM ASSIGNMENT CORPORATION PO BOX 8800 TALLAHASSEE, FL 32314-8800  Date or dates debt was incurred <u>11/10/2015</u> Last 4 digits of account number <u>4855</u>	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>58,854.50</u>
<b>3.269</b>	Nonpriority creditor's name and mailing address Premium Roofing Systems, LLC 13436 McGrath Houston, TX 77047  Date or dates debt was incurred <u>3/9/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>250.00</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.270</b>	PULTS, JAMIE L [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	77.09
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.271</b>	Nonpriority creditor's name and mailing address Quill Corporation P.O. Box 37600 Philadelphia, PA 19101-0600	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	14,449.96
Date or dates debt was incurred <u>2/25/15 - 9/30/15</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number <u>1425</u>		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.272</b>	Nonpriority creditor's name and mailing address RALPH THOMAS 10610 NICOLES PL TR HOUSTON, TX 77089	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	64.48
Date or dates debt was incurred <u>11/12/2015</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.273</b>	Nonpriority creditor's name and mailing address Ralston Outdoor Advertising, LTD PO Box 29188 Dallas, TX 75229	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	2,105.00
Date or dates debt was incurred <u>3/1/15 - 4/1/15</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.274</b>	Nonpriority creditor's name and mailing address RAMIREZ, JUAN M [REDACTED] [REDACTED]	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	362.05
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.275</b>	Nonpriority creditor's name and mailing address RAND, NETRA N [REDACTED] [REDACTED]	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	95.34
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.276</b>	Randles Electric Service CO Inc. 2216 Moneda Avenue Haltom City, TX 76117  Date or dates debt was incurred <u>8/27/13 - 11/27/13</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,743.37</u>
<b>3.277</b>	Rayford Mechanical, Inc. 3520 Aldine Bender Road, Suite H Houston, TX 77032-3723  Date or dates debt was incurred <u>7/22/15 - 7/31/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>12,632.70</u>
<b>3.278</b>	REEDER, MONICA B. _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>162.17</u>
<b>3.279</b>	Refrigeration Gaskets of Texas, Inc. P O Box 924703 Houston, TX 77292  Date or dates debt was incurred <u>7/7/2015</u> Last 4 digits of account number <u>0000</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>2,567.29</u>
<b>3.280</b>	Reliable Commercial Roofing Services 4560 West 34th St., Suite H Houston, TX 77092  Date or dates debt was incurred <u>7/17/15 - 8/13/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>6,695.27</u>
<b>3.281</b>	Reliance Air & Refrigeration PO Box 460742 San Antonio, TX 78246  Date or dates debt was incurred <u>5/27/2015</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>3,381.03</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.282</b>	Reliant Metro LTD P O Box 733007 Dallas, TX 75373-3007  Date or dates debt was incurred <u>1/11/10 - 11/2/15</u> Last 4 digits of account number <u>2064</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>5,141.30</u>
<b>3.283</b>	REPUBLIC Beverage Company (Houston) 8045 N. Court Rd. Houston, TX 77040-4392  Date or dates debt was incurred <u>1/16/2013</u> Last 4 digits of account number <u>3424</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>303.06</u>
<b>3.284</b>	Republic Services P.O. Box 78829 Phoenix, AZ 85062-8829  Date or dates debt was incurred <u>8/31/15 - 10/31/15</u> Last 4 digits of account number <u>3115</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>4,173.33</u>
<b>3.285</b>	REYES, AUSTIN J [REDACTED] [REDACTED]  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>412.13</u>
<b>3.286</b>	REYES, TANNER E [REDACTED] [REDACTED]  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>661.75</u>
<b>3.287</b>	RICHARDSON, DAVID [REDACTED] [REDACTED]  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>33.72</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.288</b>	RISE COMMERCIAL SERVICES	Check all that apply.	13,536.68
	330 RAYFORD ROAD # 213	<input type="checkbox"/> Contingent	
	SPRING, TX 77386	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>8/20/15 - 8/29/15</u>	Basis for the claim: <u>Goods &amp; Services</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.289</b>	RIVAS, CARLOS A.	Check all that apply.	425.55
	_____	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>	Basis for the claim: <u>Wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.290</b>	RIVERA, ARACELY	Check all that apply.	1,456.27
	_____	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>	Basis for the claim: <u>Wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.291</b>	RIVERA, BRENDA	Check all that apply.	453.04
	_____	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>	Basis for the claim: <u>Wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.292</b>	RIZVI, HASAN I	Check all that apply.	152.55
	_____	<input type="checkbox"/> Contingent	
	_____	<input type="checkbox"/> Unliquidated	
	_____	<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>	Basis for the claim: <u>Wages</u>	
	Last 4 digits of account number _____	Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.293</b>	RJ Young	Check all that apply.	7,931.58
	P.O. Box 40623	<input type="checkbox"/> Contingent	
	Nashville, TN 37204-0623	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date or dates debt was incurred <u>8/4/15 - 11/2/15</u>	Basis for the claim: <u>Goods &amp; Services</u>	
	Last 4 digits of account number <u>0000</u>	Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.294</b>	Robert Osvald - Carpet Cleaning 710 Belfort Drive Rockwall, TX 75087  Date or dates debt was incurred <u>9/29/15 - 10/27/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>573.74</u>
<b>3.295</b>	RODRIGUEZ, VICTOR V _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>148.52</u>
<b>3.296</b>	RODRIQUEZ, LUCIA G _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>844.61</u>
<b>3.297</b>	Roto-Rooter Plumbing & Drain Service 5672 Collections Center Dr Chicago, IL 60693  Date or dates debt was incurred <u>2/20/2015</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,033.74</u>
<b>3.298</b>	RPI Bryant Irvin, Ltd. 2929 Carlisle ST, #170 Dallas, TX 75204  Date or dates debt was incurred <u>10/01/15 - 1/1/16</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>97,851.00</u>
<b>3.299</b>	RUBIO RUIZ, ROSA M _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,502.60</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
<b>3.300</b>	S.T.E.D., Inc. 8777 Clay Road Houston, TX 77080  Date or dates debt was incurred <u>2/26/14 - 12/31/14</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>2,177.46</u>
<b>3.301</b>	Sabre Realty Management, Inc. 16475 Dallas Parkway, Suite 800 Addison, TX 75001  Date or dates debt was incurred <u>11/1/15 - 01/1/16</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>21,252.02</u>
<b>3.302</b>	Secretary of State of Texas P.O. Box 12887 Austin, TX 78711-2887  Date or dates debt was incurred <u>11/17/2014</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>25.00</u>
<b>3.303</b>	Self Opportunity, Inc. PO Box 292788 Lewisville, TX 75029  Date or dates debt was incurred <u>6/10/2015</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>260.00</u>
<b>3.304</b>	Service Management Group 1737 McGee Street Kansas City, MO 64108  Date or dates debt was incurred <u>6/10/15 - 9/21/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>8,588.58</u>
<b>3.305</b>	Shelton Water Refining 2708 E Randol Mill Rd Arlington, TX 76011  Date or dates debt was incurred <u>9/1/15 - 11/11/15</u> Last 4 digits of account number <u>6625</u>	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>3,035.43</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
<b>3.306</b>	Shoes For Crews, LLC P.O. Box 504634 St. Louis, MO 63150-4634  Date or dates debt was incurred <u>7/25/15 - 11/5/15</u> Last 4 digits of account number <u>0286</u>	\$  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>6,108.71</u>
<b>3.307</b>	Silver Eagle Distributors DEPT. 968, P O BOX 4346 HOUSTON, TX 77210-4346  Date or dates debt was incurred <u>9/16/2015</u> Last 4 digits of account number <u>0051</u>	\$  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>120.00</u>
<b>3.308</b>	SILVER, CARL N [REDACTED] [REDACTED]  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>179.94</u>
<b>3.309</b>	SIMS, TAVIAN D [REDACTED] [REDACTED]  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>129.79</u>
<b>3.310</b>	SISSON, TANNER C [REDACTED] [REDACTED]  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>223.21</u>
<b>3.311</b>	SMITH, LANELL D [REDACTED] [REDACTED]  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>346.90</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.312</b>	Smith, Lonnie [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	198.07
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number <u>4678</u>		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.313</b>	SORTO-ROMERO, DORA [REDACTED] [REDACTED]	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	1,588.30
Date or dates debt was incurred <u>11/9/15 - 11/29/15</u>		Basis for the claim: <u>Wages</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.314</b>	Southridge Lot 1D Partners, Lt 3311 Oak Lawn Avenue, Ste. 250 Dallas, TX 75219	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	59,287.00
Date or dates debt was incurred <u>07/1/15 - 01/1/16</u>		Basis for the claim: <u>Lease Rental</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.315</b>	SPARKLETTS AND SIERRA SPRINGS PO BOX 660579 DALLAS, TX 75266-0579	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	49.41
Date or dates debt was incurred <u>5/11/14 - 7/6/14</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number <u>4121</u>		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.316</b>	Spec's Liquors 2410 Smith St Houston, TX 77006	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	72.61
Date or dates debt was incurred <u>1/31/15 - 4/1/15</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number <u>1693</u>		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		\$	
<b>3.317</b>	Star Telegram PO Box 901051 Fort Worth, TX 76101-2051	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	1,380.00
Date or dates debt was incurred <u>8/31/2015</u>		Basis for the claim: <u>Goods &amp; Services</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.318</b>	Steger Towne Crossing II, L.P. 580 Decker DR, Suite 203 Irving, TX 75062  Date or dates debt was incurred <u>10/1/15 - 12/1/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>34,150.50</u>
<b>3.319</b>	Nonpriority creditor's name and mailing address STEPHENSON, MARTILE F _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>94.17</u>
<b>3.320</b>	Nonpriority creditor's name and mailing address STRESNAK, MICHELLE R _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>88.35</u>
<b>3.321</b>	Nonpriority creditor's name and mailing address Super, L.L.C. P.O. Box 74234 Cleveland, OH 44194-1234  Date or dates debt was incurred <u>7/15/2013</u> Last 4 digits of account number <u>1391</u>	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>577.79</u>
<b>3.322</b>	Nonpriority creditor's name and mailing address Supra Color Enterprises, Inc. 1980 North Atlantic Ave., Ste . 704 Cocoa Beach, FL 32931  Date or dates debt was incurred <u>12/1/15 -01/1/16</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>119,704.00</u>
<b>3.323</b>	Nonpriority creditor's name and mailing address SUPREME ROOFING SYSTEMS P O BOX 619135 DALLAS, TX 75261-9135  Date or dates debt was incurred <u>11/18/13 - 5/28/14</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>2,598.96</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
<b>3.324</b>	Suriya Legacy LTD-wire 3838 Newark CT Claremont, TX 91711  Date or dates debt was incurred <u>12/1/15 - 01/1/16</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>24,738.00</u>
<b>3.325</b>	SYMPHONY ARLINGTON P O BOX 202051 ARLINGTON, TX 76006  Date or dates debt was incurred <u>3/13/2015</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>632.43</u>
<b>3.326</b>	TASTE MAKER FOODS ACCOUNTS RECEIVABLE, 3151 GREENFIELD RD PEARL, MS 39208  Date or dates debt was incurred <u>5/29/13 - 6/24/13</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>125.02</u>
<b>3.327</b>	TAYLOR DESIGNS 215 MORNINGSIDE DRIVE LEAGUE CITY, TX 77573  Date or dates debt was incurred <u>10/16/2015</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>27.00</u>
<b>3.328</b>	TAYLOR, WENDY S _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>638.58</u>
<b>3.329</b>	Taylor's Rental Equipment CO 220 University Drive Fort Worth, TX 76107  Date or dates debt was incurred <u>5/13/14 - 10/31/14</u> Last 4 digits of account number <u>2682</u>	\$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>726.09</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.330</b>	Technology Media Group 1262 Viceroy Drive Dallas, TX 75247  Date or dates debt was incurred <u>4/25/13 - 6/4/13</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>172.65</u>
<b>3.331</b>	TEXAS ELECTRICAL 2140 MERRITT DR GARLAND, TX 75041-6135  Date or dates debt was incurred <u>10/16/2015</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>2,133.22</u>
<b>3.332</b>	Texas Filter Service, Inc. 10276 Robinson Drive Tyler, TX 75703  Date or dates debt was incurred <u>9/24/15 - 10/16/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>880.00</u>
<b>3.333</b>	The Perfect Wedding Guide (Houston) MGM Publications, Inc, PO Box 361 Montgomery, TX 77356  Date or dates debt was incurred <u>9/15/2013</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,100.00</u>
<b>3.334</b>	THOMAS, SHERRY D _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>133.11</u>
<b>3.335</b>	Time Warner Cable P.O. Box 60074 City of Industry, CA 91716-0074  Date or dates debt was incurred <u>1/22/09 - 11/16/15</u> Last 4 digits of account number <u>2916</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>36.42</u>

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Debtor Restaurants Acquisition I, LLC  
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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.336</b>	Time Warner Cable (was60074) P.O. Box 60074 City of Industry, CA 91716-0074  Date or dates debt was incurred <u>1/22/09 - 11/16/15</u> Last 4 digits of account number <u>2916</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,100.13</u>
<b>3.337</b>	Nonpriority creditor's name and mailing address TLAPANCO, BLANCA A [REDACTED] [REDACTED]  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>70.49</u>
<b>3.338</b>	Nonpriority creditor's name and mailing address TNT'S GREENER IMAGE LAWN & LANDSCAPE C/O TRAVIS S WILLIAMS, PO BOX 573 FORNEY, TX 75126  Date or dates debt was incurred <u>9/3/15 - 11/1/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>5,907.39</u>
<b>3.339</b>	Nonpriority creditor's name and mailing address TORRES, ESTEBAN [REDACTED] [REDACTED]  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>409.59</u>
<b>3.340</b>	Nonpriority creditor's name and mailing address TOWNSEND, BRANDY [REDACTED] [REDACTED]  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>286.38</u>
<b>3.341</b>	Nonpriority creditor's name and mailing address Travis Mechanical LLC 1919 Old Denton Road Carrollton, TX 75006  Date or dates debt was incurred <u>10/28/13 - 12/18/13</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>8,128.80</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.342</b>	Triangle Air Care, Inc. 1575 South Major Beaumont, TX 77707  Date or dates debt was incurred <u>3/19/2015</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,736.48</u>
<b>3.343</b>	Trio Electric Ltd. PO Box 925473 Houston, TX 77292-5473  Date or dates debt was incurred <u>7/28/15 - 9/17/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>2,638.31</u>
<b>3.344</b>	Tron Electric 28918 S. Plum Creek Spring, TX 77386  Date or dates debt was incurred <u>1/23/2013</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>154.26</u>
<b>3.345</b>	Trowell, Dixie Kathy _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number <u>8676</u>	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>3,146.00</u>
<b>3.346</b>	Trustwave Holdings, Inc. 75 Remittance Drive, Suite 6000 Chicago, IL 60675-6000  Date or dates debt was incurred <u>9/26/14 - 10/31/15</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>20,880.00</u>
<b>3.347</b>	TSP Holdings, Ltd. PO Box 159 Bellaire, TX 77402  Date or dates debt was incurred <u>10/1/15 - 01/1/16</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Lease Rental</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>33,855.75</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page.  
If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
		\$	
<b>3.348</b>	Tundra Specialties PO Box 20670 Boulder, CO 80308-3670  Date or dates debt was incurred <u>3/25/2013</u> Last 4 digits of account number _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>150.13</u>
<b>3.349</b>	Nonpriority creditor's name and mailing address TUNE, BONNIE L _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>89.38</u>
<b>3.350</b>	Nonpriority creditor's name and mailing address TXU Energy PO Box 650638 Dallas, TX 75265-0638  Date or dates debt was incurred <u>6/21/13 - 7/18/13</u> Last 4 digits of account number <u>1772</u>	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>37,820.73</u>
<b>3.351</b>	Nonpriority creditor's name and mailing address Tyco Integrated Security (Formerly ADT) P.O. Box 371994 Pittsburgh, PA 15250-7994  Date or dates debt was incurred <u>11/10/14 - 10/30/15</u> Last 4 digits of account number <u>1889</u>	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>69,642.45</u>
<b>3.352</b>	Nonpriority creditor's name and mailing address TZUL, VICTOR M _____ _____ _____  Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,314.57</u>
<b>3.353</b>	Nonpriority creditor's name and mailing address United Restaurant Supply, Inc. 725 Clark Place Colorado Springs, CO 80915  Date or dates debt was incurred <u>6/10/14 - 10/13/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: \$ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>2,727.50</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Amount of claim
<b>3.354</b>	<b>Nonpriority creditor's name and mailing address</b> <u>US Foodservice, Inc.</u> <u>Fish License/Dealer #17108, P.O. Box 843202</u> <u>Dallas, TX 75284-3202</u>  <b>Date or dates debt was incurred</b> <u>8/17/15 - 11/21/15</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  <u>966,623.21</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.355</b>	<b>Nonpriority creditor's name and mailing address</b> <u>VELASQUEZ, JORGE A</u> <u>_____</u> <u>_____</u>  <b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  <u>752.67</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.356</b>	<b>Nonpriority creditor's name and mailing address</b> <u>VELASQUEZ, TEODORA</u> <u>_____</u> <u>_____</u>  <b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  <u>985.80</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.357</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Vent Works</u> <u>PO Box 210966</u> <u>Bedford, TX 76095</u>  <b>Date or dates debt was incurred</b> <u>9/16/15 - 11/2/15</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  <u>2,982.00</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.358</b>	<b>Nonpriority creditor's name and mailing address</b> <u>VILLAREAL, GARROD A</u> <u>_____</u> <u>_____</u>  <b>Date or dates debt was incurred</b> <u>11/9/15 - 11/29/15</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  <u>6.60</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Wages</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.359</b>	<b>Nonpriority creditor's name and mailing address</b> <u>VORTEX</u> <u>FILE 1525, 1801 W. OLYMPIC BLVD</u> <u>PASADENA, CA 91199-1525</u>  <b>Date or dates debt was incurred</b> <u>7/24/2015</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  <u>323.02</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u> <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.			Amount of claim
<b>3.360</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Voss Lighting</u> <u>Attn: Accounts Receivable, P.O. Box 22159</u> <u>Lincoln, NE 22159</u>  <b>Date or dates debt was incurred</b> <u>6/27/15 - 11/10/15</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>3,272.14</u>
<b>3.361</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Waste Connections of Texas</u> <u>District 5120, P O Box 660177</u> <u>Dallas, TX 75266-0177</u>  <b>Date or dates debt was incurred</b> <u>11/1/2015</u> <b>Last 4 digits of account number</b> <u>3116</u>	<b>As of the petition filing date, the claim is:</b> \$ _____  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>2,100.45</u>
<b>3.362</b>	<b>Nonpriority creditor's name and mailing address</b> <u>WASTE MANAGEMENT (PO BOX 660345)</u> <u>PO BOX 660345</u> <u>DALLAS, TX 75266-0345</u>  <b>Date or dates debt was incurred</b> <u>10/20/15 - 10/22/15</u> <b>Last 4 digits of account number</b> <u>2916</u>	<b>As of the petition filing date, the claim is:</b> \$ _____  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>1,313.41</u>
<b>3.363</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Webb General Construction</u> <u>706 Springdale Road</u> <u>Bedford, TX 76021</u>  <b>Date or dates debt was incurred</b> <u>5/7/2013</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>6,285.50</u>
<b>3.364</b>	<b>Nonpriority creditor's name and mailing address</b> <u>WEINGARTEN REALTY INVESTORS</u> <u>PO Box 924133</u> <u>Houston, TX 77292</u>  <b>Date or dates debt was incurred</b> <u>9/1/15 - 11/1/15</u> <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> \$ _____  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lease Rental</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>58,628.00</u>
<b>3.365</b>	<b>Nonpriority creditor's name and mailing address</b> <u>West Memorial Mud</u> <u>PO BOX 684000</u> <u>Houston, TX 77268-4000</u>  <b>Date or dates debt was incurred</b> <u>11/4/2015</u> <b>Last 4 digits of account number</b> <u>2089</u>	<b>As of the petition filing date, the claim is:</b> \$ _____  Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Goods &amp; Services</u>  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>818.08</u>

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**

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

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	Amount of claim
<b>3.366</b>	WHITE, KELSEY L _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ 368.39 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.367</b>	WILLIAMS, CHAROLETTE L _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ 94.35 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.368</b>	WINDSTREAM / PAETEC _____ PO BOX 9001013 LOUISVILLE, KY 40290-1013 _____ Date or dates debt was incurred <u>11/4/2015</u> Last 4 digits of account number <u>2001</u>	\$ _____ 2,269.20 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods &amp; Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.369</b>	WIREMAN, DUSTIN J _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ 161.08 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.370</b>	YOUNG, PAUL L _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ 771.29 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.371</b>	ZAMORANO, BENJAMIN _____ _____ _____ Date or dates debt was incurred <u>11/9/15 - 11/29/15</u> Last 4 digits of account number _____	\$ _____ 1,269.69 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wages</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 2. Additional Page**

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

Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
3.372 ZARATE, ALEXANDRA D			47.48
<input type="checkbox"/> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim: <u>Wages</u>			
Date or dates debt was incurred	<u>11/9/15 - 11/29/15</u>	Is the claim subject to offset?	
Last 4 digits of account number		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.373 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$ 852.75
ZAVALA, JUANA			
<input type="checkbox"/> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim: <u>Wages</u>			
Date or dates debt was incurred	<u>11/9/15 - 11/29/15</u>	Is the claim subject to offset?	
Last 4 digits of account number		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.374 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<input type="checkbox"/> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.375 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<input type="checkbox"/> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.376 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<input type="checkbox"/> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.377 Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	\$
<input type="checkbox"/> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Basis for the claim:			
Date or dates debt was incurred		Is the claim subject to offset?	
Last 4 digits of account number		<input type="checkbox"/> No <input type="checkbox"/> Yes	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**

5a. Total claims from Part 1	5a.	\$	<u>3,556,288.00</u>
5b. Total claims from Part 2	5b.	+	\$ <u>5,236,221.74</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c	\$	<u>8,792,509.74</u>

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

Debtor name Restaurants Acquisition I, LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)

Case number (If known): 15-12406 (KG) Chapter 11

☐ Check if this is an amended filing

**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

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

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

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

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest <u>Store Lease</u>	<u>410 Mason LLC</u> <u>4545 Bissonnet, Suite 100</u> <u>Bellaire, TX 77401</u>
	State the term remaining <u>07/02/2026</u>	
	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 <u>Store Lease</u>	<u>609 West 15<sup>th</sup> Street, Inc.</u> <u>c/o Suriya Legacy, LP</u> <u>3838 Newark Ct.</u> <u>Claremont, CA 91711</u>
	State the term remaining <u>05/08/20</u>	
	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 <u>Store Lease</u>	<u>1924 Abrams LTD</u> <u>2000 McKinney</u> <u>Dallas, TX 75201</u>
	State the term remaining <u>3/31/2018</u>	
	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 <u>Store Lease</u>	<u>Arabel Rowe Dunbar Testamentary Trust</u> <u>PO Box 1756-C</u> <u>Alvin, TX 77512-1276</u>
	State the term remaining <u>07/02/2016</u>	
	List the contract number of any government contract _____	
2.5	State what the contract or lease is for and the nature of the debtor's interest <u>Store Lease</u>	<u>Bachman, Catherine</u> <u>6525 Lakeville Highway</u> <u>Petaluma, CA 94954</u>
	State the term remaining <u>07/02/2021</u>	
	List the contract number of any government contract _____	

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

**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**

2.6	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	Beaumont Westmont, LLC
	State the term remaining	12/31/2020	c/o Albanese Cormier Holdings
	List the contract number of any government contract		P.O. Box 12410
			Beaumont, TX 77261
2.7	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	Brixxmor Holdings 12 SPE, LLC
	State the term remaining	04/30/2016	One Fayette Street Suite 150
	List the contract number of any government contract		Conshohocken, PA 19428
2.8	State what the contract or lease is for and the nature of the debtor's interest	Food	Chicago Meat Authority
	State the term remaining	12/31/2016	1120 W. 47 <sup>th</sup> Place
	List the contract number of any government contract		Chicago, IL 60609
2.9	State what the contract or lease is for and the nature of the debtor's interest	Health Insurance	Cigna Health and Life Insurance Co.
	State the term remaining	02/29/2016	900 Cottage Grove Rd
	List the contract number of any government contract		Bloomfield, CT 06002
2.10	State what the contract or lease is for and the nature of the debtor's interest	Beverages	Coca-Cola North America Food Service
	State the term remaining	Until usage requirements met	The Coca-Cola Company
	List the contract number of any government contract		P.O. Box 1734
			Atlanta, GA 30301
2.11	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	CPZ Northway, LLC
	State the term remaining	8/31/2018	12 Greenway Plaza, Suite 1500
	List the contract number of any government contract		Houston, TX 77046
2.12	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	Deerbrook Commons, Ltd.
	State the term remaining	04/30/2018	c/o Stockdale Management, LLC
	List the contract number of any government contract		13131 Dairy Ashford Rd.
			Ste 380
			Sugarland, TX 77478



Debtor Restaurants Acquisition I, LLC

Name

Case number (if known) 15-12406 (KG)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

**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**

2.13	State what the contract or lease is for and the nature of the debtor's interest	Management Liability Insurance	Hiscox Insurance Company, Inc. 104 South Michigan Avenue Suite 600 Chicago, IL 60604
	State the term remaining	04/30/2016	
	List the contract number of any government contract		
2.14	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	IMI Investments 701 N. Post Oak Rd., Suite 9 Houston, TX 77024
	State the term remaining	03/30/2021	
	List the contract number of any government contract		
2.15	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	Intco-Oak Hill L.P. 7600 W. Tidwell Ste 205 Houston, TX 77040
	State the term remaining	12/31/2020	
	List the contract number of any government contract		
2.16	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	JAHCO Spring Creek, LLC c/o JAH Realty, L.P. Attn: Jeff Norman P.O. Box 14586 Oklahoma City, OK 73113
	State the term remaining	02/28/2019	
	List the contract number of any government contract		
2.17	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	Jones 1960 Crossroads, LLC P.O. Box F130564 Spring, TX 77393
	State the term remaining	04/30/2017	
	List the contract number of any government contract		
2.18	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	KIM-MP Multi-State, LLC 8140 Walnut Hill Ln, Suite 400 Dallas, TX 75219
	State the term remaining	06/5/2016	
	List the contract number of any government contract		
2.19	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	LCSSC Ltd. 3900 Essex Lane, Suite 1070 Houston, TX 77027
	State the term remaining	09/30/2018	
	List the contract number of any government contract		

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

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
2.20	State what the contract or lease is for and the nature of the debtor's interest <u>Auto, General Liability, Liquor, Umbrella</u> State the term remaining <u>04/30/2016</u> List the contract number of any government contract _____	<u>Liberty Mutual Insurance</u> <u>175 Berkeley Street</u> <u>Boxton, MA 02116</u> _____ _____
2.21	State what the contract or lease is for and the nature of the debtor's interest <u>Accidental Death, Group Life</u> State the term remaining <u>02/29/2016</u> List the contract number of any government contract _____	<u>Life Insurance Company of North America</u> <u>1601 Chestnut Street</u> <u>Philadelphia, PA 19192-2235</u> _____ _____
2.22	State what the contract or lease is for and the nature of the debtor's interest <u>Store Lease</u> State the term remaining <u>06/30/2017</u> List the contract number of any government contract _____	<u>Lincoln Square, Ltd.</u> <u>436 Lincoln Square</u> <u>Arlington, TX 76011</u> _____ _____
2.23	State what the contract or lease is for and the nature of the debtor's interest <u>Vision, Dental Insurance</u> State the term remaining <u>02/29/2016</u> List the contract number of any government contract _____	<u>Metropolitan Life Insurance Company</u> <u>New York, NY 10166</u> _____ _____
2.24	State what the contract or lease is for and the nature of the debtor's interest <u>Store Lease</u> State the term remaining <u>09/30/2016</u> List the contract number of any government contract _____	<u>MLE Restaurant Group</u> <u>18 East 22<sup>nd</sup> Street</u> <u>New York, NY 10010</u> _____ _____
2.25	State what the contract or lease is for and the nature of the debtor's interest <u>Food</u> State the term remaining <u>03/31/2016</u> List the contract number of any government contract _____	<u>Nestle Professional</u> <u>4100 Midway Rd</u> <u>Carrollton, TX 75007</u> _____ _____
2.26	State what the contract or lease is for and the nature of the debtor's interest <u>Food</u> State the term remaining <u>03/31/2016</u> List the contract number of any government contract _____	<u>Nolan Ryan Beef</u> <u>2251 N. Loop 336 W</u> <u>Suite B</u> <u>Conroe, TX 77302</u> _____ _____

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Debtor

Restaurants Acquisition I, LLC

Name

Case number (if known) 15-12406 (KG)

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

**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**

2.27	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	OKRA Properties Joint Venture
	State the term remaining	07/01/2016	12200 Stemmons Freeway
	List the contract number of any government contract		Suite 100
			Dallas, TX 75234-5888
2.28	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	Peterson Equities
	State the term remaining	07/02/2016	1912 Taft Ave.
	List the contract number of any government contract		Loveland, CO 80538-3115
2.29	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	Peterson Equities
	State the term remaining	01/01/2026	c/o Jeffrey Peterson
	List the contract number of any government contract		1912 Taft Ave.
			Loveland, CO 80538-3115
2.30	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	RPI Bryant Irvin, Ltd.
	State the term remaining	05/31/2017	2929 Carlisle St., #170
	List the contract number of any government contract		Dallas, TX 75204
2.31	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	Southridge Lot ID Partners, Ltd.
	State the term remaining	03/30/2020	331 Oak Lawn Ave., Suite 250
	List the contract number of any government contract		Dallas, TX 75219
2.32	State what the contract or lease is for and the nature of the debtor's interest	Goods	Specialty Box
	State the term remaining	12/31/2016	366 Smoketree Business Park
	List the contract number of any government contract		North Aurora, IL 60542
2.33	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	Steger Towne Crossing II, LP
	State the term remaining	02/28/2019	580 Decker Dr., Suite 203
	List the contract number of any government contract		Irving, TX 75062

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Debtor Restaurants Acquisition I, LLCCase number (if known) 15-12406 (KG)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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

**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**

2.34	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	Supra Color Enterprises, Inc.
	State the term remaining	01/19/2021	1980 North Atlantic Avenue
	List the contract number of any government contract		Ste. 704
			Cocoa Beach, FL 32931
2.35	State what the contract or lease is for and the nature of the debtor's interest	Food	Taste Maker Foods, LLC
	State the term remaining	06/30/2016	1415 East McLemore Ave.
	List the contract number of any government contract		Memphis, TN 38106
2.36	State what the contract or lease is for and the nature of the debtor's interest	Worker's Compensation Insurance	Texas Mutual Insurance Company
	State the term remaining	04/30/2016	P.O. Box 12058
	List the contract number of any government contract		Austin, TX 78711-2058
2.37	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	TSP Holdings, Ltd.
	State the term remaining	02/28/2017	c/o Rice Properties, Inc.
	List the contract number of any government contract		P.O. Box 159
			Bellaire, TX 77402
2.38	State what the contract or lease is for and the nature of the debtor's interest	Food	Tyson
	State the term remaining	07/02/2016	P.O. Box 2020
	List the contract number of any government contract		Springdale, AR 72765
2.39	State what the contract or lease is for and the nature of the debtor's interest	Food	US Foods
	State the term remaining	08/30/2019	P.O. Box 843202
	List the contract number of any government contract		Dallas, TX 75284-3202
2.40	State what the contract or lease is for and the nature of the debtor's interest	Food	Ventura
	State the term remaining	03/31/2016	40 Pointe Dr
	List the contract number of any government contract		Brea, CZ 92821

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Debtor Restaurants Acquisition I, LLC  
NameCase number (if known) 15-12406 (KG)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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**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**

2.41	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	WD University Plaza S/C Ltd., WD University Plaza S/C, G.P., LLC c/o Sabre Realty Management Inc. 16475 Dallas Pkwy, Suite 880 Addison, TX 75001
	State the term remaining	09/03/2017	
	List the contract number of any government contract		
2.42	State what the contract or lease is for and the nature of the debtor's interest	Store Lease	Weingarten Realty Investors P.O. Box 924133 Houston, TX 77292
	State the term remaining	10/31/2016	
	List the contract number of any government contract		
2.43	State what the contract or lease is for and the nature of the debtor's interest	Goods	Western Edge Seafood P.O. Box S Claysville, PA 15323
	State the term remaining	03/31/2016	
	List the contract number of any government contract		
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.____	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.____	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.____	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		

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**Fill in this information to identify the case:**Debtor name Restaurants Acquisition I, LLCUnited States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)Case number (If known): 15-12406 (KG)☒ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**

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

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

2.1	<u>CNL Financial Group</u>	<u>450 S. Orange Av.</u> Street <u>Orlandor</u> <u>FL</u> <u>32801-3336</u> City State ZIP Code	<u>CFG XV, Inc</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2	<u>James M. Seneff</u>	<u>c/o CNL Finanical Group</u> Street <u>450 S. Orange AV</u> <u>Orlando</u> <u>FL</u> <u>32801-3336</u> City State ZIP Code	<u>CFG XV, Inc.</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3	<u>Robert A. Bourne</u>	<u>c/o Bourne Finanical Group</u> Street <u>228 Park Av. N, Suite A</u> <u>Winter Park</u> <u>FL</u> <u>37289</u> City State ZIP Code	<u>CFG XV, Inc</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

page 1 of 1

**Fill in this information to identify the case and this filing:**Debtor Name Restaurants Acquisition I, LLCUnited States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
State)Case number (if known): 15-12406 (KG)**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

02/02/2016  
MM/DD/YYYY

x

Signature of individual signing on behalf of debtor

Printed name

Position or relationship to debtor

