

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of Delaware (State)

Case number (if known): Chapter 7

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

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

1. Debtor's name Pyrolyx USA Indiana, LLC

2. All other names debtor used in the last 8 years Include any assumed names, trade names, and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 36-4862383

4. Debtor's address Principal place of business 4150 E. Steelton Terra Haute, IN 47805 Vigo Mailing address, if different from principal place of business 4023 Kenneth Pike, #50036 Wilmington, DE 19807 Location of principal assets, if different from principal place of business

5. Debtor's website (URL) www.pyrolyx.com

Debtor Pyrolyx USA Indiana, LLC  
Name

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

**6. Type of debtor**

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other. Specify: \_\_\_\_\_

**7. Describe debtor's business**

## A. Check one:

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

## B. Check all that apply:

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

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.3 2 5 1**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

## Check one:

- Chapter 7  
 Chapter 9  
 Chapter 11. Check all that apply:

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

Debtor Pyrolyx USA Indiana, LLC  
Name

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

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- No  
 Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- No  
 Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY  
 Case number, if known \_\_\_\_\_

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

**11. Why is the case filed in this district?**

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

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

- No  
 Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** *(Check all that apply.)*

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_  
 It needs to be physically secured or protected from the weather.  
 It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).  
 Other Building & Equipment

**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State ZIP Code \_\_\_\_\_

**Is the property insured?**

- No  
 Yes. Insurance agency Hub International Northwest LLC  
 Contact name Scott Briscoe  
 Phone (206) 838-1048

**Statistical and administrative information**

Debtor Pyrolyx USA Indiana, LLC  
Name

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

**13. Debtor's estimation of available funds**

Check one:

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

**14. Estimated number of creditors**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49               | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99              | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999            |  |  |

**15. Estimated assets**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million              | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million             | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input checked="" type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million           | <input type="checkbox"/> More than \$50 billion        |

**16. Estimated liabilities**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input type="checkbox"/> \$1,000,001-\$10 million              | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million             | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input checked="" type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million           | <input type="checkbox"/> More than \$50 billion        |

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

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

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

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

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

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

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

Executed on 10.28.2020  
MM / DD / YYYY

**x** \_\_\_\_\_  
Signature of authorized representative of debtor

Andy F. Stecher  
Printed name

Title Chief Financial Officer

Debtor Pyrolyx USA Indiana, LLC  
Name

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

**18. Signature of attorney**

**x** /s/ Michael Busenkell  
Signature of attorney for debtor

Date 10/28/2020  
MM / DD / YYYY

Michael Busenkell, Esq.

Printed name  
Gellert Scali Busenkell & Brown, LLC

Firm name  
1201 N. Orange Street, Suite 300

Number Street  
Wilmington

DE 19801

City  
302-425-5812

State ZIP Code  
mbusenkell@gsbblaw.com

Contact phone

Email address

DE 3933

Bar number

State

ACTION BY WRITTEN CONSENT  
OF THE SOLE MEMBER  
OF PYROLYX USA INDIANA, LLC

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October 28, 2020

The undersigned, being the sole member (the “**Member**”) of Pyrolyx USA Indiana, LLC, a Delaware limited liability corporation (the “**Company**”), acting by written consent, does hereby consent and agree to the adoption of the resolutions set forth below taking or authorizing the actions specified therein with the same force and effect as if such resolutions were approved and adopted at a duly constituted meeting of such member of the Company.

WHEREAS, the Member has determined that the Company is unable to meet its obligations as they become due in the usual course of business, and can no longer continue in business profitably;

WHEREAS, various creditors have threatened to prosecute their claims against the Company; and

WHEREAS, the Member has determined that it would be in the best interests of the Company for the Company to file a voluntary petition under Chapter 7 of Title 11 of the United States Code (the “**Bankruptcy Code**”).

NOW THEREFORE, LET IT BE RESOLVED, that the Company file as soon as practicable a bankruptcy in accordance with Chapter 7 of the Bankruptcy Code.

RESOLVED FURTHER, that Andy F. Stecher (the “**Authorized Person**”), hereby is, authorized, empowered and directed to execute, deliver and file the voluntary petition of the Company under chapter 7 of title 11 of the United States Code in the name of and on behalf of the Company.

RESOLVED FURTHER, that the Authorized Person is hereby authorized, empowered and directed to execute and deliver any other instrument, certificate, document or other agreement to be delivered in connection with the Amendment in the name and on behalf of the Company, and to take all such actions as the Authorized Person deems necessary or advisable in connection therewith.

RESOLVED FURTHER, that the execution by the Authorized Person of any document authorized by the foregoing resolutions, or any document executed by the Authorized Person in the accomplishment of any action or actions so authorized, is the enforceable and binding act and obligation of the Company.

This Action by Written Consent of the Sole Member is to be filed with the minutes of each of the proceedings of the members, and shall have the same force and effect as an action taken at each of a duly convened meeting of the members of the Company.

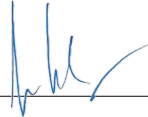
This Action by Written Consent of the Sole Member may be delivered via facsimile or electronic mail with the intention that it shall have the same force and effect as the original executed counterpart thereof.

*[Remainder of Page Intentionally Blank; Signature Page Follows]*

**IN WITNESS WHEREOF**, the undersigned has duly executed this Action by Written Consent of the Sole Member as of the date first above written.

**Sole Member:**

**PYROLYX USA, INC.**

By:  10.28.2020

Its: Chief Financial Officer

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

Debtor Name Pyrolyx USA Indiana, LLC  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)  
 Case number (If known): \_\_\_\_\_

**Official Form 202**

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

12/15

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

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

Declaration and signature

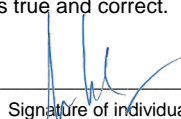
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

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

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- 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 10.28.2020  
MM / DD / YYYY

**X**   
 \_\_\_\_\_  
 Signature of individual signing on behalf of debtor

Andy F. Stecher  
 \_\_\_\_\_  
 Printed name

Chief Financial Officer  
 \_\_\_\_\_  
 Position or relationship to debtor

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
District of Delaware**

In re Pyrolyx USA Indiana, LLC

Debtor(s)

Case No.

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

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

For legal services, I have agreed to accept .....	\$	<u>7,500.00</u>
Prior to the filing of this statement I have received .....	\$	<u>7,500.00</u>
Balance Due .....	\$	<u>0.00</u>

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

Debtor       Other (specify):

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

Debtor       Other (specify):

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

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

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

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

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

**CERTIFICATION**

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

10/28/2020

Date

/s/ Michael Busenkell

**Michael Busenkell (DE 3933)**

Signature of Attorney

**Gellert Scali Busenkell & Brown, LLC**

**1201 N. Orange Street**

**Suite 300**

**Wilmington, DE 19801**

**Tel: 302-425-5812 Fax: 302-425-5814**

**mbusenell@gsbblaw.com**

Name of law firm

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

Debtor name Pyrolyx USA Indiana, LLC  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)  
 Case number (If known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

<p>1a. <b>Real property:</b>                  Copy line 88 from <i>Schedule A/B</i>.....</p>	\$ <u>7,562,202</u>
<p>1b. <b>Total personal property:</b>                  Copy line 91A from <i>Schedule A/B</i>.....</p>	\$ <u>53,579,729</u>
<p>1c. <b>Total of all property:</b>                  Copy line 92 from <i>Schedule A/B</i>.....</p>	\$ <u>61,141,931</u>

**Part 2: Summary of Liabilities**

<p>2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)                  Copy the total dollar amount listed in Column A, <i>Amount of claim</i>, from line 3 of <i>Schedule D</i>.....</p>	\$ <u>30,732,103</u>
<p>3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)</p> <p>3a. <b>Total claim amounts of priority unsecured claims:</b>                  Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>.....</p>	\$ <u>48,467</u>
<p>3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b>                  Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>.....</p>	+ \$ <u>19,120,197</u>
<p>4. <b>Total liabilities</b>.....                  Lines 2 + 3a + 3b</p>	\$ <u>49,900,767</u>

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

Debtor name Pyrolyx USA Indiana, LLC

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

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

Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

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

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

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

**Part 1: Cash and cash equivalents**

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

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

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

2. Cash on hand

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

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. <u>UMB Bank</u>	<u>Business Checking</u>	<u>4 2 6 3</u>	\$ <u>0</u>
3.2. <u>UMB Bank</u>	<u>Trust Account</u>	<u>6 5 6 3</u>	\$ <u>2,498,658</u>

4. Other cash equivalents (Identify all)

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

5. Total of Part 1

\$ 2,498,658

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

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

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

**Current value of debtor's interest**

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

- 7.1. \_\_\_\_\_ \$
- 7.2. \_\_\_\_\_ \$

Debtor Pyrolyx USA Indiana, LLC  
Name

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

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

Description, including name of holder of prepayment

8.1 \_\_\_\_\_ \$  
8.2 \_\_\_\_\_ \$

9. **Total of Part 2.** Add lines 7 through 8. Copy the total to line 81.

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

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

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

**Current value of debtor's interest**

**11. Accounts receivable**

11a. 90 days old or less: \_\_\_\_\_ - \_\_\_\_\_ = ..... → \$ \_\_\_\_\_  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ = ..... → \$ \_\_\_\_\_  
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.

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

**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.

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

Debtor Pyrolyx USA Indiana, LLC  
Name

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

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

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

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

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

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

- No
- Yes

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

- No
- Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

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

- No
- Yes

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

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

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

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

Debtor Pyrolyx USA Indiana, LLC  
Name

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

33. **Total of Part 6.**

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

\$ _____
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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> _____	\$ _____		\$ _____
40. <b>Office fixtures</b> Office Furnitures and fixtures for control room, laboratory and office	\$39,289	Book value	\$39,289
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> Laptop computers and work stations	\$27,894	Book value	\$27,894
42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			\$ _____
42.1 _____	\$ _____		\$ _____
42.2 _____	\$ _____		\$ _____
42.3 _____	\$ _____		\$ _____

43. **Total of Part 7.**

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

\$ 67,183
-----------

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

Debtor Pyrolyx USA Indiana, LLC  
Name

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

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

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

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

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

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

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

Ovens, machinery and equipment to manufacture rCB, steel and oil	\$ 51,013,888	Book value	\$ 51,013,888
--	---------------	------------	---------------

51. Total of Part 8.

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

\$ 51,013,888
---------------

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

Debtor **Pyrolyx USA Indiana, LLC**  
Name

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

**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 Bldg at 4150 E. Steelton Drive, Terra Haute, IN 47805	Owned	\$ 5,640,957	Book value	\$ 5,640,957
55.2 Land improvements-same location above	Owned	\$ 1,573,645	Book value	\$ 1,573,645
55.3 Land	Owned	\$ 347,601	Acquisition cost	\$ 347,601
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.

\$ 7,562,202

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

- No  
 Yes

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

- No  
 Yes

**Part 10: Intangibles and intellectual property**

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

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

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

66. Total of Part 10.

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

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

Debtor Pyrolyx USA Indiana, LLC  
Name

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

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.

**71. Notes receivable**

Description (include name of obligor)

\_\_\_\_\_  $\frac{\text{Total face amount}}{\text{Total face amount}} - \frac{\text{doubtful or uncollectible amount}}{\text{doubtful or uncollectible amount}} = \rightarrow$  \$ \_\_\_\_\_

**Current value of debtor's interest**

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

Description (for example, federal, state, local)  
 NOL for Federal Tax 2016 to 2019



Tax year 2016 \$ 43,716  
 Tax year 2017 \$ 714,619  
 Tax year 2018 \$ 534,140  
 Tax year 2019 \$3,045,000  
**\$ 4,337,475**

**73. Interests in insurance policies or annuities**

\_\_\_\_\_

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

Nature of claim \_\_\_\_\_  
 Amount requested \$ \_\_\_\_\_

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

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

Nature of claim \_\_\_\_\_  
 Amount requested \$ \_\_\_\_\_

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

**76. Trusts, equitable or future interests in property**

\_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_

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

**78. Total of Part 11.**

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

\$ \_\_\_\_\_  
**\$ 4,337,475**

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

- No  
 Yes

**\$ 4,337,475**

Debtor **Pyrolyx USA Indiana, LLC**  
Name

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

**Part 12: Summary**

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

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ <u>2,498,658</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ _____	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ _____	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ _____	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ _____	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>		
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 67,183	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ <u>51,013,888</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> .....	\$ _____ →	\$ <u>7,562,202</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ _____	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$ _____	
91. <b>Total.</b> Add lines 80 through 90 for each column..... 91a.	\$ <u>53,579,729</u>	+ 91b. \$ <u>7,562,202</u>
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$ <u>61,141,931</u>

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

Debtor name Pyrolyx USA Indiana, LLC  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

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

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

**Part 1: List Creditors Who Have Secured Claims**

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

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

<p><b>2.1</b> Creditor's name <u>City of Terre Haute, IN (Muni Bond)</u></p> <p>Creditor's mailing address <u>Trustee: UMB Bank, N.A.</u> <u>928 Grand Blvd., 12th Flr MS1011201</u> <u>Kansas City, MO 64106</u></p> <p>Creditor's email address, if known <u>Attn: Corp Trust-K. Scott Matthews</u> <u>KScott.Matthews@umb.com</u></p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>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>UMB Bank, NA</u></p>	<p>Describe debtor's property that is subject to a lien <u>Personal property, fixtures or property other than real property at the facility located in 4150 E. Steelton Avenue, Terra Haute, IN</u></p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>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).</p> <p>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</p>		
	<table border="1"> <tr> <td style="width: 50%; text-align: right;">\$ <u>30,732,103</u></td> <td style="width: 50%; text-align: right;">\$ <u>61,633,529</u></td> </tr> </table>	\$ <u>30,732,103</u>	\$ <u>61,633,529</u>
\$ <u>30,732,103</u>	\$ <u>61,633,529</u>		

<p><b>2.2</b> Creditor's name _____</p> <p>Creditor's mailing address _____</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.                  _____  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien _____ \$ _____</p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>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</p>
--	---

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** \$ 30,732,103



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

Debtor Pyrolyx USA Indiana, LLC  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)  
 Case number \_\_\_\_\_  
(If known)

Check if this is an amended filing

Official Form 206E/F

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

12/15

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

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

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

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

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

**2.1** Priority creditor's name and mailing address  
(multiple - see attached listing)

As of the petition filing date, the claim is: \$ 48,466.65

**Total claim**

**Priority amount**

\$ 48,466.65

*Check all that apply.*

- Contingent  
 Unliquidated  
 Disputed

Date or dates debt was incurred

10/23/2020

Basis for the claim:

Employee Payroll Liabilities

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) (\_\_\_\_)

**2.2** 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

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) (\_\_\_\_)

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

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

Amount of claim

**3.1** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 4,357.17  
*Check all that apply.*  
 A & M Equipment, Inc.  Contingent  
 P.O. Box 624  Unliquidated  
 Seelyville, IN 47878-0624  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 1/2020 - 6/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** \_\_\_\_\_  No  
 Yes

**3.2** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 115,697.85  
*Check all that apply.*  
 Airgas USA, LLC  Contingent  
 P.O. Box 734672  Unliquidated  
 Dallas, TX 75373-4672  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 5/2020 - 8/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** 1 0 1 0  No  
 Yes

**3.3** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 751.06  
*Check all that apply.*  
 Airgas USA, LLC  Contingent  
 P.O. Box 734672  Unliquidated  
 Dallas, TX 75373-4672  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 3/2020 - 7/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** 8 1 9 6  No  
 Yes

**3.4** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 2,537.07  
*Check all that apply.*  
 Allgaier Process Technology, Inc.  Contingent  
 9780 Windisch Road  Unliquidated  
 West Chester, OH 45069  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 03/10/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** \_\_\_\_\_  No  
 Yes

**3.5** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 8,326.78  
*Check all that apply.*  
 Aramark Uniform & Career Apparel Group, Inc.  Contingent  
 115 North First Street  Unliquidated  
 Burbank, CA 91502  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 08/21/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** 8 5 0 3  No  
 Yes

**3.6** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 20,387.80  
*Check all that apply.*  
 Atlas Copco Compressors LLC  Contingent  
 2501 Landmeier Road  Unliquidated  
 Elk Grove Village, IL 60007  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 3/2020 - 4/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** 3 6 0 0  No  
 Yes

**Part 2: Additional Page**

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

Amount of claim

**3.7** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**  
 Barnes & Thornburg LLP *Check all that apply.* \$ 2,921.00  
 11 South Meridian Street  Contingent  
 Indianapolis, IN 46204-3535  Unliquidated  
 Disputed  
 Liquidated and neither contingent nor  
 disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 08/06/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** 2 1 1 1  No  
 Yes

**3.8** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**  
 C & K Industrial Services, Inc. *Check all that apply.* \$ 13,134.50  
 5617 Schaaf Road  Contingent  
 Cleveland, OH 44131  Unliquidated  
 Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 3/2020 - 4/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** 0 0 6 0  No  
 Yes

**3.9** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**  
 C.P. Environmental, LLC *Check all that apply.* \$ 1,100.00  
 4901 W. 115th Street  Contingent  
 Alsip, IL 60803  Unliquidated  
 Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 04/22/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** \_\_\_\_\_  No  
 Yes

**3.10** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**  
 Catalytic Combustion Corporation *Check all that apply.* \$ 216.80  
 311 Riggs Street  Contingent  
 Bloomer, WI 54724  Unliquidated  
 Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 4/2020 - 8/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** 1 8 2 4  No  
 Yes

**3.11** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**  
 Center for Occupational Health *Check all that apply.* \$ 8,970.00  
 4001 E. Wabash Avenue, Suite A  Contingent  
 Terre Haute, IN 47803  Unliquidated  
 Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 2/2020 - 4/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** \_\_\_\_\_  No  
 Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<p><b>3.12</b> Nonpriority creditor's name and mailing address</p> <p><u>Cintas Corporation</u></p> <p><u>P.O. Box 631025</u></p> <p><u>Cincinnati, OH 45263-1025</u></p> <p>Date or dates debt was incurred <u>6/2020 - 8/2020</u></p> <p>Last 4 digits of account number <u>8 2 5 9</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 201.16</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.13</b> Nonpriority creditor's name and mailing address</p> <p><u>City of Terre Haute</u></p> <p><u>P.O. Box 21043</u></p> <p><u>Tulsa, OK 74121-1043</u></p> <p>Date or dates debt was incurred <u>09/23/2020</u></p> <p>Last 4 digits of account number <u>0 8 9 7</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 91.28</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.14</b> Nonpriority creditor's name and mailing address</p> <p><u>Coldwell &amp; Co., Inc.</u></p> <p><u>1227 Mulberry Street</u></p> <p><u>Terre Haute, IN 47801</u></p> <p>Date or dates debt was incurred <u>3/2020 - 5/2020</u></p> <p>Last 4 digits of account number <u>3 3 3 1</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 6,760.95</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.15</b> Nonpriority creditor's name and mailing address</p> <p><u>Crossroads Door &amp; Hardware Inc.</u></p> <p><u>1301 Eagle Street</u></p> <p><u>Terre Haute, IN 47807</u></p> <p>Date or dates debt was incurred <u>02/27/2020</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 5,101.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.16</b> Nonpriority creditor's name and mailing address</p> <p><u>Crown Packaging Corporation</u></p> <p><u>17854 Chesterfield Airport Road</u></p> <p><u>Chesterfield, MO 63005</u></p> <p>Date or dates debt was incurred <u>3/2020 - 3/2020</u></p> <p>Last 4 digits of account number <u>7 0 0 4</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 37,823.70</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<b>3.17</b> Nonpriority creditor's name and mailing address <u>Design Group Facility Solutions, Inc.</u>  <u>5 Chenell Drive, Suite 3</u> <u>Concord, NH 03301</u>  Date or dates debt was incurred <u>1/2020 - 4/2020</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>85,499.06</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.18</b> Nonpriority creditor's name and mailing address <u>Dicen Consulting &amp; Associates, LLC dba Air Dynamics Testing</u>  <u>698 Tower Rd, Suite 100</u> <u>Plainfield, IN 46168</u>  Date or dates debt was incurred <u>3/2020 - 3/2020</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>52,195.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.19</b> Nonpriority creditor's name and mailing address <u>Direct Energy Marketing Inc.</u>  <u>12 Greenway Plaza, Suite 250</u> <u>Houston, TX 77046</u>  Date or dates debt was incurred <u>5/2020 - 8/2020</u> Last 4 digits of account number <u>7 4 4 1</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>21,659.04</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.20</b> Nonpriority creditor's name and mailing address <u>Duke Energy</u>  <u>P.O. Box 1326</u> <u>Charlotte, NC 28201-1326</u>  Date or dates debt was incurred <u>5/2020 - 8/2020</u> Last 4 digits of account number <u>0 0 1 5</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>29,945.25</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.21</b> Nonpriority creditor's name and mailing address <u>E-Environmental Solutions, LLC</u>  <u>350 W. Margaret Avenue</u> <u>Terre Haute, IN 47802</u>  Date or dates debt was incurred <u>06/29/2020</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>7,498.20</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: Additional Page**

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

Amount of claim

3.22 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 24,319.98  
*Check all that apply.*  
 E3 Consulting Services, LLC  Contingent  
 3333 S. Bannock Street, Suite 500  Unliquidated  
 Englewood, CO 80110  Disputed  
 Liquidated and neither contingent nor disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 1/2020 - 6/2020 **Is the claim subject to offset?**  
 No  
**Last 4 digits of account number** \_\_\_\_\_  Yes

3.23 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 10,100.74  
*Check all that apply.*  
 Endress + Hauser Inc  Contingent  
 2350 Endress Place  Unliquidated  
 Greenwood, IN 46143  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 03/23/2020 **Is the claim subject to offset?**  
 No  
**Last 4 digits of account number** 3 5 8 3  Yes

3.24 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 32,088.23  
*Check all that apply.*  
 Enpro, Inc.  Contingent  
 121 South Lombard Road  Unliquidated  
 Addison, IL 60101  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 2/2020 - 6/2020 **Is the claim subject to offset?**  
 No  
**Last 4 digits of account number** 2 0 2 6  Yes

3.25 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 7,891.77  
*Check all that apply.*  
 ERC Midwest  Contingent  
 1400 N. 113th Street  Unliquidated  
 Milwaukee, WI 53226  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 03/23/2020 **Is the claim subject to offset?**  
 No  
**Last 4 digits of account number** 2 0 7 8  Yes

3.26 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 419.87  
*Check all that apply.*  
 Frontier Communications  Contingent  
 P.O. Box 740407  Unliquidated  
 Cincinnati, OH 45274-0407  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 08/18/2020 **Is the claim subject to offset?**  
 No  
**Last 4 digits of account number** 8 1 8 5  Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<b>3.27</b> Nonpriority creditor's name and mailing address <u>General Carbon Corporation</u>  <u>33 Paterson Street</u> <u>Paterson, NJ 07501</u>  Date or dates debt was incurred <u>4/2020 - 4/2020</u> Last 4 digits of account number <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>26,531.59</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.28</b> Nonpriority creditor's name and mailing address <u>George E. Booth Co., Inc.</u>  <u>8202 West 10th Street</u> <u>Indianapolis, IN 46214-2432</u>  Date or dates debt was incurred <u>1/2020 - 3/2020</u> Last 4 digits of account number <u>8 5 5 1</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>132,719.79</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.29</b> Nonpriority creditor's name and mailing address <u>Gribbins Insulation</u>  <u>1400 E. Columbia Street</u> <u>Evansville, IN 47711</u>  Date or dates debt was incurred <u>3/2020 - 4/2020</u> Last 4 digits of account number <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>104,924.12</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.30</b> Nonpriority creditor's name and mailing address <u>GTS, Inc.</u>  <u>P.O. Box 799</u> <u>Shalimar, FL 32579</u>  Date or dates debt was incurred <u>02/05/2020</u> Last 4 digits of account number <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>29,286.26</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.31</b> Nonpriority creditor's name and mailing address <u>Heritage Crystal-Clean, LLC</u>  <u>2175 Point Boulevard, Suite 375</u> <u>Elgin, IL 60123</u>  Date or dates debt was incurred <u>10/06/2020</u> Last 4 digits of account number <u>1 4 8 9</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>223.52</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<b>3.32 Nonpriority creditor's name and mailing address</b> <u>Honey Creek Machine, Inc.</u>  <u>1537 W. Harlan Drive</u> <u>Terre Haute, IN 47802</u>  <b>Date or dates debt was incurred</b> <u>02/20/2020</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>1,433.91</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.33 Nonpriority creditor's name and mailing address</b> <u>Hosokawa Micron International Inc.</u>  <u>10 Chatham Road</u> <u>Summit, NJ 07901</u>  <b>Date or dates debt was incurred</b> <u>2/2020 - 3/2020</u> <b>Last 4 digits of account number</b> <u>R 4 0 0</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>22,239.22</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.34 Nonpriority creditor's name and mailing address</b> <u>Hub International Northwest, LLC</u>  <u>P.O. Box 3018</u> <u>Bothell, WA 98041</u>  <b>Date or dates debt was incurred</b> <u>09/22/2020</u> <b>Last 4 digits of account number</b> <u>5 9 0 1</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>20,964.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.35 Nonpriority creditor's name and mailing address</b> <u>JDM Industrial Inc.</u>  <u>11907 North Garden Street</u> <u>Houston, TX 77071</u>  <b>Date or dates debt was incurred</b> <u>6/2020 - 8/2020</u> <b>Last 4 digits of account number</b> <u>0 3 0 2</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>45,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.36 Nonpriority creditor's name and mailing address</b> <u>Joink, LLC</u>  <u>P.O. Box 3529</u> <u>Terre Haute, IN 47803</u>  <b>Date or dates debt was incurred</b> <u>08/17/2020</u> <b>Last 4 digits of account number</b> <u>5 1 6 7</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>879.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: Additional Page**

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

Amount of claim

**3.37** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Kellogg Brown & Root LLC *Check all that apply.* \$ 22,016.89

601 Jefferson Street  Contingent

Houston, TX 77002  Unliquidated

Disputed

Liquidated and neither contingent nor disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 2/2020 - 3/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** 7 2 8 0  No

Yes

**3.38** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Kirby Risk *Check all that apply.* \$ 2,198.51

1815 Sagamore Parkway  Contingent

Lafayette, IN 47904  Unliquidated

Disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 3/2020 - 4/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** 1 2 7 0  No

Yes

**3.39** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Koenig Scale Company, Inc. *Check all that apply.* \$ 7,831.93

4779 East Margaret Drive  Contingent

Terre Haute, IN 47803  Unliquidated

Disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 2/2020 - 5/2020 **Is the claim subject to offset?**

**Last 4 digits of account number**         No

Yes

**3.40** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Koorsen Fire & Security, Inc. *Check all that apply.* \$ 7,954.92

2719 N. Arlington Avenue  Contingent

Indianapolis, IN 46218-3322  Unliquidated

Disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 2/2020 - 5/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** 4 1 5 0  No

Yes

**3.41** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

EarthCon Consultants, Inc. *Check all that apply.* \$ 6,749.41

1880 West Oak Parkway, Building 100, Suite 106  Contingent

Marietta, GA 30062  Unliquidated

Disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 10/06/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** 0 1 8 7  No

Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<p><b>3.42</b> Nonpriority creditor's name and mailing address</p> <p><u>FedEx</u></p> <p><u>P.O. Box 94515</u></p> <p><u>Palatine, IL 60094-4515</u></p> <p>Date or dates debt was incurred <u>09/28/2020</u></p> <p>Last 4 digits of account number <u>2 0 3 1</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 259.71</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.43</b> Nonpriority creditor's name and mailing address</p> <p><u>MacAllister Machinery Co., Inc.</u></p> <p><u>6300 Southeastern Avenue</u></p> <p><u>Indianapolis, IN 46203</u></p> <p>Date or dates debt was incurred <u>4/2020 - 8/2020</u></p> <p>Last 4 digits of account number <u>8 9 2 1</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 16,387.52</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.44</b> Nonpriority creditor's name and mailing address</p> <p><u>MaxGrip Americas Inc.</u></p> <p><u>520 Post Oak Blvd., Suite 850</u></p> <p><u>Houston, TX 77027</u></p> <p>Date or dates debt was incurred <u>02/26/2020</u></p> <p>Last 4 digits of account number <u>0 1 3 6</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 8,905.88</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.45</b> Nonpriority creditor's name and mailing address</p> <p><u>McGuire Excavating &amp; Trucking, Inc.</u></p> <p><u>3800 N. Fruitridge Avenue</u></p> <p><u>Terre Haute, IN 47804</u></p> <p>Date or dates debt was incurred <u>05/28/2020</u></p> <p>Last 4 digits of account number <u>O L Y X</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 8,730.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.46</b> Nonpriority creditor's name and mailing address</p> <p><u>Misco Crane Service</u></p> <p><u>P.O. Box 9505</u></p> <p><u>Terre Haute, IN 47808</u></p> <p>Date or dates debt was incurred <u>3/2020 - 6/2020</u></p> <p>Last 4 digits of account number <u>R O 0 1</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 4,420.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

**Part 2: Additional Page**

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

Amount of claim

**3.47** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Misco Enterprises, Inc. *Check all that apply.* \$ 84,829.01

P.O. Box 9505  Contingent

Terre Haute, IN 47808-9505  Unliquidated

Disputed

Liquidated and neither contingent nor disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 05/06/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** R O 0 1  No

Yes

**3.48** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Misco Steel Erectors, Inc. *Check all that apply.* \$ 56,358.13

403 US-40  Contingent

West Terre Haute, IN 47885  Unliquidated

Disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 03/09/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** R O 0 1  No

Yes

**3.49** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Indiana American Water *Check all that apply.* \$ 258.30

P.O. Box 6029  Contingent

Carol Stream, IL 60197-6029  Unliquidated

Disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 09/21/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** 6 0 6 0  No

Yes

**3.50** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Neff Group Distributors, Inc. *Check all that apply.* \$ 1,512.63

Department 6081  Contingent

Carol Stream, IL 60122-6081  Unliquidated

Disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 03/12/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** 7 0 9 5  No

Yes

**3.51** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

OGB Engineering *Check all that apply.* \$ 41,445.00

Stobbenkamp 78, Ootmarsum  Contingent

Netherlands NL7631CR  Unliquidated

Disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 3/2020 - 4/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** \_\_\_\_\_  No

Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<p><b>3.52</b> Nonpriority creditor's name and mailing address</p> <p><u>GreatAmerica Financial Services</u></p> <p><u>P.O. Box 660831</u></p> <p><u>Dallas, TX 75266-0831</u></p> <p>Date or dates debt was incurred <u>09/21/2020</u></p> <p>Last 4 digits of account number <u>7 0 0 0</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 259.17</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.53</b> Nonpriority creditor's name and mailing address</p> <p><u>Overhead Door Company Of Terre Haute, Inc.</u></p> <p><u>533 N. 15th Street</u></p> <p><u>Terre Haute, IN 47807</u></p> <p>Date or dates debt was incurred <u>05/21/2020</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 19,527.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.54</b> Nonpriority creditor's name and mailing address</p> <p><u>Oxford Global Resources, LLC</u></p> <p><u>P.O. Box 3256</u></p> <p><u>Boston, MA 02241-3256</u></p> <p>Date or dates debt was incurred <u>2/2020 - 5/2020</u></p> <p>Last 4 digits of account number <u>2 5 9 8</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 50,723.17</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.55</b> Nonpriority creditor's name and mailing address</p> <p><u>PDF Supply LLC</u></p> <p><u>2109 W. US Hwy 40</u></p> <p><u>Brazil, IN 47834</u></p> <p>Date or dates debt was incurred <u>1/2020 - 3/2020</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 6,002.88</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.56</b> Nonpriority creditor's name and mailing address</p> <p><u>ACE Products &amp; Consulting, LLC</u></p> <p><u>6800 N. Chesnut St., Suite C</u></p> <p><u>Ravenna, OH 44266</u></p> <p>Date or dates debt was incurred <u>09/16/2020</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,822.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

**Part 2: Additional Page**

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

Amount of claim

**3.57** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Precision Cleaning Services & Building Maintenance LLC *Check all that apply.* \$ 743.75

1722 Lafayette Avenue  Contingent

Terre Haute, IN 47804  Unliquidated

Disputed

Liquidated and neither contingent nor disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 4/2020 - 8/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** \_\_\_\_\_  No

Yes

**3.58** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Scaffold King Rentals, Inc. *Check all that apply.* \$ 146.59

302 S. Jefferson Street  Contingent

Rockville, IN 47872  Unliquidated

Disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 10/07/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** \_\_\_\_\_  No

Yes

**3.59** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Preferred Construction, Inc. *Check all that apply.* \$ 450.00

4130 East Steelton Avenue  Contingent

Terre Haute, IN 47805  Unliquidated

Disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 06/04/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** O L E X  No

Yes

**3.60** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Project Associates, Inc. *Check all that apply.* \$ 4,089.00

333-D North Plaza East Blvd.  Contingent

Evansville, IN 47715  Unliquidated

Disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 04/23/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** 0 4 1 2  No

Yes

**3.61** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:**

Protego (USA), Inc. *Check all that apply.* \$ 10,177.06

9561 Palmetto Commerce Parkway  Contingent

Ladson, SC 29456  Unliquidated

Disputed

**Basis for the claim:** as invoiced

**Date or dates debt was incurred** 3/2020 - 4/2020 **Is the claim subject to offset?**

**Last 4 digits of account number** 7 3 4 8  No

Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<b>3.62 Nonpriority creditor's name and mailing address</b> <u>Pinnacle Sales</u>  <u>530 Industrial Drive</u> <u>Naperville, IL 60563</u>  <b>Date or dates debt was incurred</b> <u>06/25/2020</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>641.71</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.63 Nonpriority creditor's name and mailing address</b> <u>Pyrolyx Indiana Rail, LLC</u>  <u>4150 E. Steelton Avenue</u> <u>Terre Haute, IN 47805</u>  <b>Date or dates debt was incurred</b> <u>09/30/2020</u> <b>Last 4 digits of account number</b> <u>      </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>8,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.64 Nonpriority creditor's name and mailing address</b> <u>R+B Steuerungselektronik GmbH</u>  <u>Elterleiner Straße 17E</u> <u>Scheibenberg, Saxony, Germany</u>  <b>Date or dates debt was incurred</b> <u>04/16/2020</u> <b>Last 4 digits of account number</b> <u>0 1 7 7</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>2,372.22</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.65 Nonpriority creditor's name and mailing address</b> <u>REMBE Inc.</u>  <u>3809 Beam Road, Suite K</u> <u>Charlotte, NC 28217</u>  <b>Date or dates debt was incurred</b> <u>11/25/2019</u> <b>Last 4 digits of account number</b> <u>0 4 1 7</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>3,332.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.66 Nonpriority creditor's name and mailing address</b> <u>Rosemount Inc.</u>  <u>8200 Market Blvd.</u> <u>Chanhassen, MN 55317</u>  <b>Date or dates debt was incurred</b> <u>04/22/2020</u> <b>Last 4 digits of account number</b> <u>1 6 8 1</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>3,790.80</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<b>3.67</b> Nonpriority creditor's name and mailing address <u>Sentry Safety Services, Inc.</u>  <u>558 W. National Avenue</u> <u>West Terre Haute, IN 47885</u>  Date or dates debt was incurred <u>7/2020 - 8/2020</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>64,263.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.68</b> Nonpriority creditor's name and mailing address <u>SLY LLC</u>  <u>8300 Dow Circle, Suite 600</u> <u>Strongsville OH 44136</u>  Date or dates debt was incurred <u>03/26/2020</u> Last 4 digits of account number <u>4 9 5 9</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>3,435.60</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.69</b> Nonpriority creditor's name and mailing address <u>Spiro B.V.</u>  <u>Compagniestraat 14, Emmen</u> <u>Holland, Netherlands 7826 TB</u>  Date or dates debt was incurred <u>04/22/2020</u> Last 4 digits of account number <u>0 1 0 3</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>16,352.97</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.70</b> Nonpriority creditor's name and mailing address <u>Strode Construction LLC</u>  <u>1425 E. Pugh Drive</u> <u>Terre Haute, IN 47802</u>  Date or dates debt was incurred <u>12/2019 - 1/2020</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>104,877.61</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.71</b> Nonpriority creditor's name and mailing address <u>Summerlot Engineered Products, Inc.</u>  <u>11655 N. U.S. 41</u> <u>Rosedale, IN 47874</u>  Date or dates debt was incurred <u>5/2020 - 5/2020</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> \$ <u>9,692.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>as invoiced</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<p><b>3.72</b> Nonpriority creditor's name and mailing address</p> <p><u>Sycamore Engineering, Inc.</u></p> <p><u>1010 Chestnut Street</u></p> <p><u>Terre Haute, IN 47807</u></p> <p>Date or dates debt was incurred <u>1/2020 - 6/2020</u></p> <p>Last 4 digits of account number <u>0 L Y X</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 503,237.62</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.73</b> Nonpriority creditor's name and mailing address</p> <p><u>Taylor Courier Services LLC</u></p> <p><u>3851 1st Parkway</u></p> <p><u>Terre Haute, IN 47804</u></p> <p>Date or dates debt was incurred <u>5/2020 - 7/2020</u></p> <p>Last 4 digits of account number <u>          </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 6,200.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.74</b> Nonpriority creditor's name and mailing address</p> <p><u>Terre Haute Chamber of Commerce</u></p> <p><u>630 Wabash Avenue, Suite 105</u></p> <p><u>Terre Haute, IN 47807</u></p> <p>Date or dates debt was incurred <u>06/04/2020</u></p> <p>Last 4 digits of account number <u>          </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 630.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.75</b> Nonpriority creditor's name and mailing address</p> <p><u>The Richmond Group USA</u></p> <p><u>1700 Bayberry Court, Suite 301</u></p> <p><u>Richmond, VA 23226</u></p> <p>Date or dates debt was incurred <u>04/27/2020</u></p> <p>Last 4 digits of account number <u>          </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 33,000.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.76</b> Nonpriority creditor's name and mailing address</p> <p><u>UMB Bank, N.A.</u></p> <p><u>P.O. Box 414589</u></p> <p><u>Kansas City, MO 64141-4589</u></p> <p>Date or dates debt was incurred <u>05/11/2020</u></p> <p>Last 4 digits of account number <u>7 7 3 1</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 7,090.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

**Part 2: Additional Page**

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

Amount of claim

**3.77** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 1,229.20  
*Check all that apply.*  
 UWT Level Controls, LLC  Contingent  
 4445 Malone Road  Unliquidated  
 Memphis, TN 38118  Disputed  
 Liquidated and neither contingent nor disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 05/20/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** 0 7 8 7  No  
 Yes

**3.78** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 293,841.67  
*Check all that apply.*  
 Valdes Engineering Company  Contingent  
 100 W. 22nd Street, Suite 185  Unliquidated  
 Lombard, IL 60148  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 3/2020 - 5/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number**             No  
 Yes

**3.79** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 1,100.00  
*Check all that apply.*  
 Vectren Energy Delivery  Contingent  
 P.O. Box 1423  Unliquidated  
 Houston, TX 77251-1423  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 7/2020 - 8/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** 9 0 9 2  No  
 Yes

**3.80** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 41,854.10  
*Check all that apply.*  
 Vigo County Treasurer  Contingent  
 191 Oak Street  Unliquidated  
 Terre Haute, IN 47807  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 04/10/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** 8 1 7 9  No  
 Yes

**3.81** Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 9,570.31  
*Check all that apply.*  
 Vigo County Treasurer  Contingent  
 191 Oak Street  Unliquidated  
 Terre Haute, IN 47807  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 04/10/2020 **Is the claim subject to offset?**  
**Last 4 digits of account number** 0 0 1 3  No  
 Yes

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim
<p><b>3.82</b> Nonpriority creditor's name and mailing address</p> <p><u>Vigo Machine Shop Inc.</u></p> <p><u>3920 Locust Street</u></p> <p><u>Terre Haute, IN 47803</u></p> <p>Date or dates debt was incurred <u>2/2020 - 4/2020</u></p> <p>Last 4 digits of account number <u>          </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 22,596.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.83</b> Nonpriority creditor's name and mailing address</p> <p><u>W.T. Bryan &amp; Associates, Inc.</u></p> <p><u>11275 Sebring Drive</u></p> <p><u>Cincinnati, OH 45240</u></p> <p>Date or dates debt was incurred <u>03/13/2020</u></p> <p>Last 4 digits of account number <u>          </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 26,750.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.84</b> Nonpriority creditor's name and mailing address</p> <p><u>Wesco Distribution, Inc.</u></p> <p><u>225 West Station Square Drive, Suite 700</u></p> <p><u>Pittsburgh, PA 15219</u></p> <p>Date or dates debt was incurred <u>4/2020 - 8/2020</u></p> <p>Last 4 digits of account number <u>3 7 0 9</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 4,014.86</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.85</b> Nonpriority creditor's name and mailing address</p> <p><u>Wiese USA Inc.</u></p> <p><u>1435 Woodson Road</u></p> <p><u>St. Louis, MO 63132</u></p> <p>Date or dates debt was incurred <u>04/22/2020</u></p> <p>Last 4 digits of account number <u>1 4 8 5</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 8,319.25</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.86</b> Nonpriority creditor's name and mailing address</p> <p><u>Williams Scotsman, Inc.</u></p> <p><u>901 S. Bond Street, Suite 600</u></p> <p><u>Baltimore, MD 21231</u></p> <p>Date or dates debt was incurred <u>6/2020 - 8/2020</u></p> <p>Last 4 digits of account number <u>5 5 8 0</u></p>	<p>As of the petition filing date, the claim is: <u>\$ 26,251.36</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>as invoiced</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

**Part 2: Additional Page**

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

Amount of claim

3.87 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 13,166.96  
*Check all that apply.*  
 Woodfield Systems USA Inc.  Contingent  
 200 Business Park Blvd.  Unliquidated  
 Columbia, SC 29203  Disputed  
 Liquidated and neither contingent nor disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 06/19/2020 **Is the claim subject to offset?**  
 No  
**Last 4 digits of account number** \_\_\_\_\_  Yes

3.88 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 5,970,333.78  
*Check all that apply.*  
 Zeppelin Systems USA  Contingent  
 13330 Byrd Drive  Unliquidated  
 Odessa, FL 33556-5312  Disputed  
**Basis for the claim:** as invoiced  
**Date or dates debt was incurred** 12/2018 - 4/2020 **Is the claim subject to offset?**  
 No  
**Last 4 digits of account number** 0 1 1 5  Yes

3.89 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ 10,681,931.82  
*Check all that apply.*  
 Pyrolyx USA, Inc.  Contingent  
 4023 Kennett Pike #50036  Unliquidated  
 Wilmington, DE 19807  Disputed  
**Basis for the claim:** intercompany services  
**Date or dates debt was incurred** 8/2017 - 7/2020 **Is the claim subject to offset?**  
 No  
**Last 4 digits of account number** \_\_\_\_\_  Yes

3. Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ \_\_\_\_\_  
*Check all that apply.*  
 \_\_\_\_\_  Contingent  
 \_\_\_\_\_  Unliquidated  
 \_\_\_\_\_  Disputed  
**Basis for the claim:** \_\_\_\_\_  
**Date or dates debt was incurred** \_\_\_\_\_ **Is the claim subject to offset?**  
 No  
**Last 4 digits of account number** \_\_\_\_\_  Yes

3. Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$ \_\_\_\_\_  
*Check all that apply.*  
 \_\_\_\_\_  Contingent  
 \_\_\_\_\_  Unliquidated  
 \_\_\_\_\_  Disputed  
**Basis for the claim:** \_\_\_\_\_  
**Date or dates debt was incurred** \_\_\_\_\_ **Is the claim subject to offset?**  
 No  
**Last 4 digits of account number** \_\_\_\_\_  Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

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

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

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Faegre Drinker Biddle & Reath LLP 600 E. 96th Street, Suite 600 Indianapolis, IN 46240	Line 3.28 <input type="checkbox"/> Not listed. Explain _____	8 5 5 1
4.2. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_ _ _ _
4.3. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_ _ _ _
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_ _ _ _
41. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_ _ _ _
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_ _ _ _
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_ _ _ _
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_ _ _ _
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_ _ _ _
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_ _ _ _
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_ _ _ _
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_ _ _ _

**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. \$ 48,466.65

5b. Total claims from Part 2 5b. + \$ 19,071,730.50

5c. Total of Parts 1 and 2 5c. \$ 19,120,197.15  
Lines 5a + 5b = 5c.

## INC-Form 206E-F - Part 2 - Priority Creditors Listing (as of 2020-10-28)

Index	SS #	Last 4 Priority Creditor - Employee Name	Priority Creditor - Mailing Address	Accrued Payroll	Accrued PTO Pay	Bonus / Other Pay	Total Claim	Date Debt Incurred
2.1	(on file)	0057 Cooper, Steve	4122 E Head Ave., Rosedale, IN 47874	0.00	526.15	0.00	526.15	10/23/2020
2.2	(on file)	7853 Crowder, Michael	121 W Co Rd 1300 N, Brazil, IN 47834	0.00	1,816.45	1,016.58	2,833.03	10/23/2020
2.3	(on file)	3272 Estep, Mitchell	2124 Putnam, Terre Haute, IN 47803	0.00	2,795.98	0.00	2,795.98	10/23/2020
2.4	(on file)	3260 Frye, Randy	4452 N 17th St., Terre Haute, IN 47805	0.00	461.54	0.00	461.54	10/23/2020
2.5	(on file)	1986 Gibson, Shane	741 Dobbs Glen, Terre Haute, IN 47803	0.00	972.18	0.00	972.18	10/23/2020
2.6	(on file)	6439 Harper, Patricia	2804 Farrington St., Terre Haute, IN 47803	0.00	315.24	0.00	315.24	10/23/2020
2.7	(on file)	9601 Hayes, Stephen	11349 S Singhurst St., Terre Haute, IN 47802	0.00	124.76	0.00	124.76	10/23/2020
2.8	(on file)	1064 Holler, Kerry	4100 S 900 West, Rosedale, IN 47874	0.00	1,703.45	0.00	1,703.45	10/23/2020
2.9	(on file)	0781 James, Todd	102 Gardendale Road, Terre Haute, IN 47803	0.00	901.93	0.00	901.93	10/23/2020
2.10	(on file)	7195 Kizer, Jerod	PO BOX 122, 124 Chestnut St., Dana, IN 47847	0.00	10,153.42	1,607.15	11,760.57	10/23/2020
2.11	(on file)	0758 Klecan, Jeffery	20119 North 2000 St., Marshall, IL 62441	0.00	1,422.26	0.00	1,422.26	10/23/2020
2.12	(on file)	8941 Klitzing, Korenna	7314 S US Hwy 41, Rosedale, IN 47874	0.00	510.00	0.00	510.00	10/23/2020
2.13	(on file)	0364 Loveall, Daniel	504 Walnut St., Farmersburg, IN 47850	0.00	360.01	0.00	360.01	10/23/2020
2.14	(on file)	8018 McCoy, Jeffrey	3432 E Broadlands Ave, Terre Haute, IN 47805	0.00	2,151.67	0.00	2,151.67	10/23/2020
2.15	(on file)	0136 McGinness, Rowena	8223 N County Rd 200 E, Brazil, IN 47834	0.00	1,058.14	0.00	1,058.14	10/23/2020
2.16	(on file)	8601 Ogden, Al	8768 Falcon Trace Dr S, Jacksonville, FL 32222	1,565.93	10,118.69	0.00	11,684.62	10/23/2020
2.17	(on file)	0453 Parker, Jason	25 E Rodighiero Ave., Terre Haute, IN 47805	0.00	288.15	619.37	907.52	10/23/2020
2.18	(on file)	2573 Pendowski, Robert	48448 Apple Lane, Mattawan, MI 49071	0.00	707.19	0.00	707.19	10/23/2020
2.19	(on file)	0180 Rennie, Ryan	P.O. Box 17, Prairie Creek, IN 47869	0.00	169.64	0.00	169.64	10/23/2020
2.20	(on file)	7808 Ridge, Laura	206 S 6th St #831, Farmersburg, IN 47850	0.00	1,429.17	0.00	1,429.17	10/23/2020
2.21	(on file)	0532 Seprodi, Charles	2112 N 28th, Terre Haute, IN 47804	0.00	2,166.50	84.96	2,251.46	10/23/2020
2.22	(on file)	4872 Southard, Jerad	2853 W Saint Paul St, Clinton, IN 47842	0.00	1,491.06	0.00	1,491.06	10/23/2020
2.23	(on file)	7945 Trueblood, Jill	235 Madison Blvd, Terre Haute, IN 47803	0.00	120.44	0.00	120.44	10/23/2020
2.24	(on file)	5633 Verostko, Daniel	800 East Southport Dr, Terre Haute, IN 47802	0.00	1,808.64	0.00	1,808.64	10/23/2020
							<b>48,466.65</b>	

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

Debtor name Pyrolyx USA Indiana, LLC

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

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

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>Lease - Product Supply Agreement:</u> <u>Nitrogen Gas Generation System</u>
	State the term remaining	<u>113 months (expires January 31, 2030)</u>
	List the contract number of any government contract	_____
		<u>Airgas USA, LLC</u> <u>12800 West Little York Road</u> <u>Houston, TX 77041</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Lease - Maintenance Agreement:</u> <u>Canon Copier System</u>
	State the term remaining	<u>49 months (expires September 9, 2025)</u>
	List the contract number of any government contract	_____
		<u>Indiana Business Equipment Inc.</u> <u>c/o Great America Financial Svcs.</u> <u>P.O. Box 660831</u> <u>Dallas, TX 75266-0831</u>
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Master Lease Agreement:</u> <u>Rail Cars</u>
	State the term remaining	<u>114 months (expires February 28, 2030)</u>
	List the contract number of any government contract	_____
		<u>Greenbrier Leasing Company LLC</u> <u>One CenterPoint Drive, Suite 200</u> <u>Lake Oswego, OR 97035</u> <u>Attn: Equipment Accounting</u>
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Services - Monitoring Agreement:</u> <u>Fire Alarm System Monitoring</u>
	State the term remaining	<u>6 months (expires February 26, 2021)</u>
	List the contract number of any government contract	_____
		<u>F.E. Moran Security Solutions</u> <u>201 W. University Avenue</u> <u>Champaign, IL 61820</u>
2.5	State what the contract or lease is for and the nature of the debtor's interest	<u>Minimum Use Contract:</u> <u>for Natural Gas Service</u>
	State the term remaining	<u>3 years (expires August 11, 2023)</u>
	List the contract number of any government contract	_____
		<u>Vectren Energy Delivery of Indiana, Inc.</u> <u>Office of the General Counsel</u> <u>One Vectren Square</u> <u>Evansville, IN 47708</u>

Debtor Pyrolyx USA Indiana, LLC  
Name

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

**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 <u>Lease Agreement (1084987):</u> <u>Shower Unit Trailer</u>  State the term remaining <u>12 months (expires August 25, 2021)</u>  List the contract number of any government contract _____	<u>Williams Scotsman, Inc.</u> <u>2301 S. Holt Road</u> <u>Indianapolis, IN 46241</u> _____ _____
2.7	State what the contract or lease is for and the nature of the debtor's interest <u>Lease Agreement (1085585):</u> <u>Modular Office Trailer</u>  State the term remaining <u>12 months (expires August 18, 2021)</u>  List the contract number of any government contract _____	<u>Williams Scotsman, Inc.</u> <u>2301 S. Holt Road</u> <u>Indianapolis, IN 46241</u> _____ _____
2.8	State what the contract or lease is for and the nature of the debtor's interest <u>Lease Agreement (1124520):</u> <u>Bathroom Unit Trailer</u>  State the term remaining <u>12 months (expires August 29, 2021)</u>  List the contract number of any government contract _____	<u>Williams Scotsman, Inc.</u> <u>2301 S. Holt Road</u> <u>Indianapolis, IN 46241</u> _____ _____
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 _____	_____ _____ _____ _____

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

Debtor name Pyrolyx USA Indiana, LLC  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

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

**1. Does the debtor have any codebtors?**

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

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

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>Pyrolyx USA, Inc.</u>	<u>4023 Kennett Pike, #50036</u> Street  <u>Wilmington, DE 19807</u> City State ZIP Code	<u>UMB Bank, N.A.</u> As trustee for City of Terre Haute, IN (muni bond)	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 <u>Pyrolyx USA, Inc.</u>	<u>4023 Kennett Pike, #50036</u> Street  <u>Wilmington, DE 19807</u> City State ZIP Code	<u>Airgas USA, LLC</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.3 _____	_____ Street  _____ City State ZIP Code	_____	<input type="checkbox"/> D <input 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

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

Debtor name Pyrolyx USA Indiana, LLC  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware  
(State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/19

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

**Part 1: Income**

**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2020</u> to Filing date <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>192,504.94</u>
<b>For prior year:</b>	From <u>01/01/2019</u> to <u>12/31/2019</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>5,076.60</u>
<b>For the year before that:</b>	From <u>01/01/2018</u> to <u>12/31/2018</u> <small>MM / DD / YYYY</small>	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>-0-</u>

**2. Non-business revenue**

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

None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
<b>From the beginning of the fiscal year to filing date:</b>	From <u>01/01/2020</u> to Filing date <small>MM / DD / YYYY</small>	Interest income from <u>UMB Trust accts</u>	\$ <u>18,688.02</u>
<b>For prior year:</b>	From <u>01/01/2019</u> to <u>12/31/2019</u> <small>MM / DD / YYYY</small>	Interest income from <u>UMB Trust accts</u>	\$ <u>113,490.90</u>
<b>For the year before that:</b>	From <u>01/01/2018</u> to <u>12/31/2018</u> <small>MM / DD / YYYY</small>	Interest income from <u>UMB Trust accts</u>	\$ <u>285,375.65</u>

Debtor Pyrolyx USA Indiana, LLC  
Name

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

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

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

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. (see attached listing) Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ 661,276.55	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

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

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

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

Debtor Pyrolyx USA Indiana, LLC  
Name

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

**5. Repossessions, foreclosures, and returns**

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

None

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

**6. Setoffs**

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

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
UMB Bank Creditor's name <b>1010 Grand</b> Street Kansas City MO 64106 City State ZIP Code	Made unauthorized payments to various sources including Carl Marks and Arent Fox  Last 4 digits of account number: XXXX- <u>4</u> <u>5</u> <u>6</u> <u>3</u>	08/2020 - 10/2020	\$ 501,936.72

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

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

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. <u>COMPLAINT</u>  Case number <u>1:19-cv-11222</u>	<u>Contractor Dispute - Zeppelin</u>	US District Court Southern District of New York Name <u>500 Pearl Street</u> Street  New York NY 10007 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. _____  Case number _____	_____	_____ Name Street  City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded



Debtor Pyrolyx USA Indiana, LLC  
Name

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

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

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

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. <u>Gellert Scali Busenkell &amp; Brown, LLC</u>	_____	<u>10/28/2020</u>	<u>\$7,500.00</u>
<b>Address</b>			
<u>1201 N. Orange St., Ste. 300</u>			
<small>Street</small> <u>Wilmington, DE 19801</u>			
<small>City State ZIP Code</small>			
<b>Email or website address</b>			
<u>www.gsbblaw.com</u>			
<b>Who made the payment, if not debtor?</b>			
_____			

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

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

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None

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

Debtor \_\_\_\_\_  
Name

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

**13. Transfers not already listed on this statement**

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

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____	_____	_____	\$ _____
<b>Address</b>			
Street _____			
_____			
City _____ State _____ ZIP Code _____			
<b>Relationship to debtor</b>			
_____			

13.2. _____	_____	_____	\$ _____
<b>Address</b>			
Street _____			
_____			
City _____ State _____ ZIP Code _____			
<b>Relationship to debtor</b>			
_____			

**Part 7: Previous Locations**

**14. Previous addresses**

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

Does not apply

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

Debtor Pyrolyx USA Indiana, LLC  
Name

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

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
 — diagnosing or treating injury, deformity, or disease, or  
 — providing any surgical, psychiatric, drug treatment, or obstetric care?

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

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

15.1. \_\_\_\_\_  
 Facility name \_\_\_\_\_  
 \_\_\_\_\_  
 Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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

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

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

15.2. \_\_\_\_\_  
 Facility name \_\_\_\_\_  
 \_\_\_\_\_  
 Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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

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

**Part 9: Personally Identifiable Information**

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

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

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

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

Name of plan	Employer identification number of the plan
_____	EIN: _____ - _____ - _____

Has the plan been terminated?  
 No  
 Yes

Debtor Pyrolyx USA Indiana, LLC  
Name

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

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

**18. Closed financial accounts**

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

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

None

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

**19. Safe deposit boxes**

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

None

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

**20. Off-premises storage**

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

None

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

Debtor Pyrolyx USA Indiana, LLC  
Name

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

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

**21. Property held for another**

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

None

Owner's name and address	Location of the property	Description of the property	Value
_____ Name _____ Street _____ City State ZIP Code	_____ _____ _____	_____ _____ _____	\$ _____

**Part 12: Details About Environmental Information**

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

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

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

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

No  
 Yes. Provide details below.

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

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

No  
 Yes. Provide details below.

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

Debtor Pyrolyx USA Indiana, LLC  
Name

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

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

- No  
 Yes. Provide details below.

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

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

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

- None

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

Debtor Pyrolyx USA Indiana, LLC  
Name

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

**26. Books, records, and financial statements**

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

None

Name and address	Dates of service
26a.1. <u>Cherry Llave</u> <small>Name</small> <u>4651 151st Street</u> <small>Street</small>  <u>Oak Forest IL 60452</u> <small>City State ZIP Code</small>	From <u>6/20/2019</u> To <u>Date of filing</u>

Name and address	Dates of service
26a.2. <u>Matthew Finnestead</u> <small>Name</small> <u>45-08 48th Avenue, Apt. 2F</u> <small>Street</small>  <u>Woodside, NY 11377</u> <small>City State ZIP Code</small>	From <u>12/26/2016</u> To <u>6/19/2019</u>

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

None

Name and address	Dates of service
26b.1. <u>Plante Moran, PLLC</u> <small>Name</small> <u>Suite 900, 200 N. Martingale Rd</u> <small>Street</small>  <u>Schaumburg, IL 60173-2044</u> <small>City State ZIP Code</small>	From <u>12/2019</u> To <u>04/2020</u>

Name and address	Dates of service
26b.2. <u>Jeannette Lichtenstern</u> <small>Name</small> <u>Wirtschaftspruferin, Eichteilstr. 19</u> <small>Street</small>  <u>86899 Landsberg, Germany</u> <small>City State ZIP Code</small>	From <u>12/2018</u> To <u>02/2020</u>

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

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. _____ <small>Name</small> _____ <small>Street</small> _____ _____ <small>City State ZIP Code</small>	_____ _____ _____

Debtor Pyrolyx USA Indiana, LLC  
Name

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

**Name and address**

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

26c.2.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

None

**Name and address** See attached listing

26d.1.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

**Name and address**

26d.2.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

**27. Inventories**

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

- No  
 Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

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

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

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

27.1.

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

Debtor Pyrolyx USA Indiana, LLC  
Name

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

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

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

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

27.2. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

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

Name	Address	Position and nature of any interest	% of interest, if any
<u>Thomas Redd</u>	<u>1700 N. 40th Street, Seattle, WA 98103</u>	<u>CEO</u>	<u>0</u>
<u>Andy Stecher</u>	<u>1130 Knollwood Road, Deerfield, IL 60015</u>	<u>CFO</u>	<u>0</u>
<u>Alfred Cutrone</u>	<u>413 Clubhouse Drive, Fairhope, AL 36532</u>	<u>COO</u>	<u>0</u>
<u>Michael Triguboff</u>	<u>Level 19, Aurora Pl., 88 Phillip St., Sydney NSW 2000 AUS</u>	<u>Director</u>	<u>0</u>
<u>David Steele</u>	<u>5 Jubilee, Crescent City Beach, WA 6015 AUS</u>	<u>Director</u>	<u>0</u>

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

- No
- Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
<u>James Van Laar</u>	<u>14 Mosaic Point Place, Spring, TX 77389</u>	<u>COO</u>	From <u>2/19</u> To <u>3/20</u>
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

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

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

- No
- Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

**Relationship to debtor**

\_\_\_\_\_

Debtor Pyrolyx USA Indiana, LLC  
Name

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

**Name and address of recipient**

30.2 \_\_\_\_\_  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Relationship to debtor**

\_\_\_\_\_

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

- No
- Yes. Identify below.

**Name of the parent corporation**

**Employer Identification number of the parent corporation**

\_\_\_\_\_

EIN: \_\_\_\_\_ - \_\_\_\_\_

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

- No
- Yes. Identify below.

**Name of the pension fund**

**Employer Identification number of the pension fund**

\_\_\_\_\_

EIN: \_\_\_\_\_ - \_\_\_\_\_

**Part 14: Signature and Declaration**

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

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

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

Executed on 10.28.2020  
MM / DD / YYYY

**x** \_\_\_\_\_  
Signature of individual signing on behalf of the debtor

Printed name Andy F. Stecher

Position or relationship to debtor Chief Financial Officer

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

- No
- Yes

**Pyrolyx USA Indiana, LLC**

**Form 207 - Part 2: Section 3: Creditor Payments within 90 days before filing**

Index	Creditor's Name	Creditor's Address	Dates	Total amount	Reasons for payment or transfer
3.1	Airgas USA, LLC	P.O. Box 734672, Dallas, TX 75373-4672	8/19/2020 9/03/2020 10/06/2020	48787.24	Suppliers or vendors
3.2	Aramark Uniform & Career Apparel	AUCA Chicago MC Lockbox, 25259 Network Place, Chicago, IL 60673	10/06/2020	3280.26	Suppliers or vendors
3.3	Barnes & Thornburn LLP	11 South Meridian Street, Indianapolis, IN 46204-3535	9/25/2020	28910.00	Suppliers or vendors
3.4	Big Wheel Equipment Sales, LLC	P.O. Box 186, West Terre Haute, IN 47885	8/14/2020 8/28/2020 9/03/2020	66251.92	Suppliers or vendors
3.5	Catalytic Combustion	311 Riggs Street, Bloomer, WI 54724	9/30/2020	1084.00	Suppliers or vendors
3.6	Cigna Healthcare	525 West Monroe St., Chicago, IL 60661	9/03/2020	28000.00	Suppliers or vendors
3.7	Cintas	P.O. Box 631025, Cincinnati, OH 45263-1025	9/30/2020	758.58	Suppliers or vendors
3.8	City of Terre Haute	P.O. Box 21043, Tulsa, OK 74121-1043	8/14/2020 10/14/2020	201.76	Suppliers or vendors
3.9	Clean Harbors Environmental Services	P.O. Box 734867, Dallas, TX 75373-4867	9/14/2020	6584.37	Suppliers or vendors
3.10	Deluxe	P.O. Box 64468, St. Paul, MN 55164-0468	10/06/2020	60.00	Suppliers or vendors
3.11	Direct Energy Marketing Inc.	12 Greenway Plaza, Suite 250, Houston, TX 77046	9/02/2020 9/17/2020 10/08/2020	21859.50	Suppliers or vendors
3.12	Duke Energy	P.O. Box 1326, Charlotte, NC 28201-1326	8/31/2020 9/18/2020 10/06/2020	26454.59	Suppliers or vendors
3.13	EarthCon Consultants	1880 West Oak Parkway, Building 100, Suite 106, Marietta, GA 30066	8/28/2020 9/16/2020	3950.66	Suppliers or vendors
3.14	ERC Midwest	2010 Algonquin Road, Suite 210, Schaumburg, IL 60173	10/06/2020	2765.97	Suppliers or vendors
3.15	Fastenal	P.O. Box 1286, Winona, MN 55987-1286	9/03/2020	3634.48	Suppliers or vendors
3.16	FedEx	P.O. Box 94515, Palatine, IL 60094-4515	8/18/2020 8/28/2020 10/02/2020 10/16/2020	1121.12	Suppliers or vendors
3.17	Frontier Communications	P.O. Box 740407, Cincinnati, OH 45274-0407	8/05/2020 8/31/2020 9/17/2020 10/08/2020	1709.88	Suppliers or vendors
3.18	Great America Financial Services	P.O. Box 660831, Dallas, TX 75266-0831	8/17/2020 9/16/2020 10/16/2020	826.30	Suppliers or vendors
3.19	Heritage-Crystal Clean, LLC	2175 Point Boulevard, Suite 375, Elgin, IL 60123	9/30/2020	1327.87	Suppliers or vendors
3.20	Indiana American Water	P.O. Box 6029, Carol Stream, IL 60197-6029	8/31/2020 10/15/2020	758.85	Suppliers or vendors
3.21	J.R. Davis Vending	690 N.W. 3rd Street, Linton, IN 47441	9/30/2020	130.00	
3.22	JDM Industrial Inc.	11907 North Garden Street, Houston, TX 77071	8/19/2020 10/06/2020	50000.00	Suppliers or vendors
3.23	Joink, LLC	P.O. Box 3529, Terre Haute, IN 47803	8/04/2020 9/02/2020 10/02/2020	2637.00	Suppliers or vendors
3.24	Kurita America	12270 43rd Street NE, St. Michael, MN 55376	9/17/2020	6990.00	Suppliers or vendors
3.25	Large Ink	1200 Poplar Street, Terre Haute, IN 47807	9/30/2020	480.40	Suppliers or vendors
3.26	Lind Law Firm	400 Ohio Street, Terre Haute, IN 47807	10/08/2020	696.27	
3.27	MacAllister Machinery Co., Inc.	6300 Southeastern Avenue, Indianapolis, IN 46203	8/19/2020 9/03/2020 10/06/2020	22667.68	Suppliers or vendors
3.28	Menards c/o Capital One Commercial	P.O. Box 60506, City of Industry, CA 91716-0506	10/02/2020	460.37	Suppliers or vendors
3.29	Motion Industries	P.O. Box 98412, Chicago, IL 60693-8412	9/03/2020	2719.02	Suppliers or vendors
3.30	OIA Global	2750 Earhart Court, Hebron, KY 41048	9/30/2020	1393.35	Suppliers or vendors
3.31	Paychex	1175 John Street, West Henrietta, NY 14586-9199	8/14/2020 9/11/2020	214.00	Services
3.32	PDF Supply	P.O. Box 576, Brazil, IN 47834	10/06/2020	2656.20	Suppliers or vendors
3.33	Plante & Moran, PLLC	537 E. Pete Rose Way, Cincinnati, OH 45202	8/28/2020 9/03/2020 9/16/2020	5585.00	Suppliers or vendors
3.34	Polymer Valley Chemicals	1872 Akron-Peninsula Road, Akron, OH 44313-9100	9/30/2020	420.00	Suppliers or vendors
3.35	Precision Cleaning	1722 Lafayette Avenue, Terre Haute, IN 47804	9/30/2020	3459.46	Suppliers or vendors
3.36	Precision Lawn Care	1400 E. Springhill Drive, Terre Haute, IN 47802	9/30/2020	1225.00	Suppliers or vendors
3.37	Principal Life Insurance Company	P.O. Box 10372, Des Moines, IA 50306-0372	9/03/2020	10000.00	Suppliers or vendors
3.38	Pyrolyx USA, Inc.	4023 Kennett Pike #50036, Wilmington, DE 19807	8/19/2020 9/03/2020 10/01/2020 10/06/2020	198716.81	Other - Intercompany Payment
3.39	Reference Services	101 Plaza East Blvd., Suite 300, Evansville, IN 47715	9/30/2020	234.00	
3.40	Republic Services	12820 Cumminsville Road, Pimento, IN 47866-9734	8/31/2020	73.30	Suppliers or vendors
3.41	Sackrider & Company, Inc.	1925 Wabash Avenue, Terre Haute, IN 47807	8/28/2020	2490.00	Suppliers or vendors
3.42	Scaffold King Rentals, Inc.	302 S. Jefferson Street, Rockville, IN 47872	9/30/2020	586.36	Suppliers or vendors
3.43	Sentry Safety Services, Inc.	558 W. National Avenue, West Terre Haute, IN 47885	8/19/2020 9/03/2020 10/06/2020	57820.50	Suppliers or vendors
3.44	Taylor Courier Services LLC	3851 1st Parkway, Terre Haute, IN 47804	10/07/2020	9225.00	Suppliers or vendors
3.45	Total Quality Logistics	P.O. Box 634558, Cincinnati, OH 45263-4558	10/08/2020	628.93	
3.46	UMB Bank, N.A.	P.O. Box 414589, Kansas City, MO 64141-4589	8/04/2020 9/02/2020 10/02/2020	873.21	Services
3.47	Valley Electric Supply	1000 Wabash Avenue, Terre Haute, IN 47807	9/30/2020	333.96	
3.48	Vectren Energy Delivery	P.O. Box 1423, Houston, TX 77251-1423	8/31/2020 9/17/2020 10/06/2020	4418.27	Suppliers or vendors
3.49	Williams Scotsman, Inc.	901 S. Bond Street, Suite 600, Baltimore, MD 21231	8/19/2020 9/03/2020 10/08/2020	25815.11	Suppliers or vendors