

Fill in this information to identify the case:Debtor name **Van's Aircraft, Inc.**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **23-62260-dwh11**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 8,955,000.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 7,754,094.12
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 16,709,094.12

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 9,344,151.50
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 4,091,405.76
4. Total liabilities Lines 2 + 3a + 3b	\$ 13,435,557.26

Fill in this information to identify the case:Debtor name **Van's Aircraft, Inc.**United States Bankruptcy Court for the: **DISTRICT OF OREGON**Case number (if known) **23-62260-dwh11**☐ 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****\$4,200.00****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. **Umpqua Bank****General Account.****0924****\$0.00**3.2. **Umpqua Bank****Money Market****3278****\$0.00**3.3. **Umpqua Bank****A/P Checking****7976****\$0.00**3.4. **Umpqua Bank****Treasury account****2910****\$0.00**3.5. **KeyBank****DIP Cash Operating****7771****\$3,079,678.66**3.6. **KeyBank****DIP Electronic Receiving****2569****\$50,006.35**

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3.7.	<u>KeyBank</u>	<u>DIP Customer Trust Account - Not Debtor's Funds.</u>	<u>1016</u>	<u>N/A</u>
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3.8.	<u>Heritage Bank</u>	<u>Money Market</u>	<u>0502</u>	<u>\$4,717.11</u>
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4. **Other cash equivalents** (*Identify all*)

5. **Total of Part 1.**

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

\$3,138,602.12

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

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

Part 3: Accounts receivable

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

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

11. **Accounts receivable**

11a. 90 days old or less:	<u>34,135.00</u>	-	<u>0.00</u> =	<u>\$34,135.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>244,982.00</u>	-	<u>0.00</u> =	<u>\$244,982.00</u>
	face amount		doubtful or uncollectible accounts	

12. **Total of Part 3.**

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

\$279,117.00

Part 4: Investments

13. **Does the debtor own any investments?**

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

Part 5: Inventory, excluding agriculture assets

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

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

General description

**Date of the last
physical inventory**

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

**Valuation method used
for current value**

**Current value of
debtor's interest**

19. **Raw materials**

20. **Work in progress**

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21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**

Inventory.	November 20, 2023	\$25,202,636.00	Liquidation	\$2,500,000.00
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23. **Total of Part 5.**

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

\$2,500,000.00

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

<input checked="" type="checkbox"/> Yes. Book value	1,175,355.57	Valuation method	Cost	Current Value	1,175,355.57
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26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☐ No
☒ Yes

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

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

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

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software Group of desks, cpu's, monitors, conference rooms, break room, chairs, printers & assorted office supplies	\$0.00	Appraisal	\$7,500.00
Group of desks, cpu's, monitors, conference rooms, break room, chairs, printers & assorted office supplies	\$0.00	Appraisal	\$5,500.00
2018 HP Pagewidth XL 4500 wide format printer	\$0.00	Appraisal	\$4,500.00

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

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43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$17,500.00

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

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

Part 8: Machinery, equipment, and vehicles

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

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1.	2006 GMC Savana 14' box van, gas, auto, s/n:1GDJG31U261231340, Miles:227,100	\$0.00	Appraisal	\$7,500.00
47.2.	2019 ISUZU NRR C10 box van, diesel, auto, s/n:JALE5W167K7305534, Miles:151,000	\$0.00	Appraisal	\$32,500.00
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>				
49. Aircraft and accessories				
49.1.	RV-7 aircraft, tail number N477RV. Damaged in hangar door accident.	Unknown		Unknown
49.2.	RV-7A aircraft with angle valve io360. Tail number N137RV.	Unknown		Unknown
49.3.	RV-8 aircraft. Tail number N158RV.	Unknown		Unknown
49.4.	RV-9A aircraft with Rotax 916. Tail number N179RV.	Unknown		Unknown
49.5.	RV-9A aircraft with io320. Tail number N129RV.	Unknown		Unknown
49.6.	RV-10 aircraft Continental 220. Tail number N220RV.	Unknown		Unknown

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49.7.	RV-10 aircraft with io540 250 hp all Garmin IFR. Tail Number N410RV.	Unknown		Unknown
49.8.	RV-12iS aircraft. Tail number N912VA.	Unknown		Unknown
49.9.	RV-14 aircraft with io360 200 hp. Tail number N144VA.	Unknown		Unknown
49.10	RV-14a aircraft with io390. Tail number N214VA.	Unknown		Unknown
49.11	RV-14a aircraft with io390. Tail number N914VA.	Unknown		Unknown
49.12	RV-15 aircraft. Prototype. Tail number N7357.	Unknown		Unknown
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	2019 HAAS VF-10/40 cnc vertical machining center, 30-station side mount ATC, RENISHAW probe, chip auger, ROYAL fillermist, wired for 4th, s/n:1164567	\$0.00	Appraisal	\$135,000.00
	2020 HAAS VF-2SS cnc vertical machining center, 30-station side mount ATC, HAAS HRT210-P3 4th axis, RENISHAW probe, chip auger, s/n:1174466	\$0.00	Appraisal	\$55,000.00
	2020 HAAS ST-20Y cnc turning center, 12-station turret, live tooling, sub spindle, tool setter, chip conveyor, 2022 HAAS V2-A bar feeder, s/n:3119079	\$0.00	Appraisal	\$72,500.00
	Group of tables, fixtures, drills, indexers, receiver tank, shelving & misc. mill supplies	\$0.00	Appraisal	\$2,500.00
	Group of GRIZZLY G0640X bandsaw, DAREX V290 sharpener, benches, racks, reels & misc.	\$0.00	Appraisal	\$2,300.00
	1993 ACER 3VK 3 hp vertical milling machine, power table, vise, ACU-RITE digital readout	\$0.00	Appraisal	\$3,500.00
	CLAUSING 2284 1-1/2 hp drill press w/steel table, s/n:20-533821-5	\$0.00	Appraisal	\$950.00
	2020 GRIZZLY G0886 semi-automatic horizontal metal cutting bandsaw, coolant system, s/n:09E0696	\$0.00	Appraisal	\$7,750.00

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2016 SCOTCHMAN CPO-275 mitering cutoff saw w/RAZORGAGE XT 10' measurement system, outfeed roll conveyor, s/n:60330	\$0.00	Appraisal	\$5,500.00
2019 GRIZZLY G0569 24" vertical metal cutting bandsaw, fence, s/n:19040021	\$0.00	Appraisal	\$2,000.00
ELCO Start 2 shrink fit tool changer w/toolbox & accessories	\$0.00	Appraisal	\$2,750.00
Group of dump hopper, toolboxes, mills, CAT 40 tool holders, grinder, shelving & misc.	\$0.00	Appraisal	\$5,300.00
2022 ROGERS KI-25-125 25 hp rotary screw air compressor w/receiver & SPX Flow fryer, s/n:2226527053, Hrs:2,100	\$0.00	Appraisal	\$9,500.00
CHICAGO CP-450EA 24" compression riveter w/table	\$0.00	Appraisal	\$2,500.00
Single sided cantilever rack	\$0.00	Appraisal	\$3,500.00
Group of benches, cabinets, carts, toolbox & misc. shop supplies	\$0.00	Appraisal	\$1,300.00
WALCO 82-C-1M-52 double sided overlay laminator w/roll conveyor, s/n:95-595-6870	\$0.00	Appraisal	\$4,500.00
1991 ACCURSHEAR 825012 1/4"x12' hydraulic shear, squaring arm, power back gauge, foot control, s/n:1236	\$0.00	Appraisal	\$25,000.00
2004 BLM DYNAM3 cnc mandrel hydraulic tube bender, tooling, SIEMENS Sinumerik controls, laser curtains, s/n:155040100003, Hrs:11,166	\$0.00	Appraisal	\$65,000.00
2007 TRANSFLUID DB-2060K portable mandrel tube bender, controls, 3-jaw chuck, tail stock, s/n:70487	\$0.00	Appraisal	\$8,500.00
BECKWOOD/SUTHERLAND DJ061720 500 ton hydraulic stamping press, dual cylinders, 37"x64" autofeed table, 72"x84" bed, laser curtains, ALLEN- BRADLEY Panelview Plus controls, remote chiller, s/n:36388 (refurbished 2020)	\$0.00	Appraisal	\$45,000.00

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<u>FARNHAM 144" aircraft forming roll, 0.60 thickness cap., foot controls, s/n:11-82-2</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$8,500.00</u>
<u>TIMESAVER 37" single head wide belt sander w/dust control system</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$3,000.00</u>
<u>BETENBENDER 6-50T 72" x 50 ton hydraulic press brake, back gauge, spare dies, s/n:57395</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$12,500.00</u>
<u>Group of (4) sections of pallet racking</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$1,600.00</u>
<u>Single sided cantilever rack</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$2,000.00</u>
<u>2007 CINCINNATI Maxform 90MX8 90 ton x 8' hydraulic cnc press brake, controls, s/n:53919</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$25,000.00</u>
<u>2006 CINCINNATI Maxform 135MX10 135 ton x 10' hydraulic cnc press brake, controls, s/n:53553</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$35,000.00</u>
<u>Group of benches w/spare press brake dies</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$12,000.00</u>
<u>Group of shelving w/toolboxes, basket, ladder & misc.</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$3,300.00</u>
<u>2004 TOYOTA 7FBEU15 1,900 lb cap. 3-wheel electric forklift, 237" 3-stage mast, side shift, chargers, s/n:12485, Hrs:10,882</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$4,750.00</u>
<u>2006 TOYOTA 7FBCU32 5,650 lb cap. cushion tired electric forklift, 187" 3-stage mast, fork positioners, monotrol, charger, s/n:62043, Hrs:6,837</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$8,500.00</u>
<u>PRIME-MOVER WSX25 2,500 lb cap. electric walk behind stacker, s/n:WSX2530207003</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$1,250.00</u>
<u>Group of (5) sections of pallet racking</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$2,000.00</u>
<u>Group of bandsaw, polisher, carts, stands & misc.</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$1,800.00</u>
<u>1996 TRUMPF Trumatic 200 165kn cnc punch press, (17) tool holders, vacuum table, laser curtains, BOSCH Trumagraph controls, s/n:070457</u>	<u>\$0.00</u>	<u>Appraisal</u>	<u>\$2,500.00</u>

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2018 TRUMPF Trupunch 5000 24-ton cnc punch press, (21) tool holders, vacuum table, laser curtains, touch screen controls, s/n:A0060D0355	\$0.00	Appraisal	\$275,000.00
2022 TRUMPF Trupunch 5000 24-ton cnc punch press, (25) tool holders, vacuum table, laser curtains, touch screen controls, s/n:A0060D0744	\$0.00	Appraisal	\$485,000.00
2019 TRUMPF Quicksharp tool grinder w/spare punches, s/n:A0661A0236	\$0.00	Appraisal	\$14,500.00
Group of (2) dump hoppers, stands, carts, shelving & misc. supplies	\$0.00	Appraisal	\$3,500.00
Toolbox w/TRUMPF Quickset tool setter	\$0.00	Appraisal	\$3,000.00
Group of rolls, arbor press, saw, carts & misc.	\$0.00	Appraisal	\$1,800.00
JET FS-1652 16 ga. X 52" stomp shear, arms	\$0.00	Appraisal	\$1,500.00
YAMAZAK Mazak Ace approx. 16"x76" lathe, 3-jaw chuck, tool post, tail stock, thru spindle, NEWALL digital readout	\$0.00	Appraisal	\$4,500.00
Group of carts, shelving pallet racking & misc.	\$0.00	Appraisal	\$2,200.00
Weld station to include: KEMPER Profimaster fume extractor, MILLER Dynasty 280 welder w/wireless foot control, steel table, double end grinder, belt/disc grinder, 3M Speedglas hood & misc. welding supplies	\$0.00	Appraisal	\$9,300.00
Weld station to include: KEMPER Profimaster fume extractor, MILLER Dynasty 280 welder w/wireless foot controls, steel table, double end grinder, (2) carts, curtains, 3M Speedglas hood & misc. welding supplies	\$0.00	Appraisal	\$9,150.00
Weld station to include: KEMPER Profimaster fume extractor, MILLER Dynasty 280 welder w/wireless foot control, steel table, double end grinder, cart, shelving, 3M Speedglas hood & misc. welding supplies	\$0.00	Appraisal	\$8,950.00
Weld station to include: KEMPER Profimaster fume hood, MILLER Dynasty 280 welder w/wireless foot control, steel table, double end grinder, curtain, cart, 3M Speedglas hood & misc. weld supplies	\$0.00	Appraisal	\$8,950.00

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Weld station to include: KEMPER Profimaster fume hood, MILLER Dynasty 280 welder w/wireless foot control, steel table, double end grinder, belt/disc grinder, (2) carts, shelving, curtain, 3M Speedglas hood & misc. weld supplies	\$0.00	Appraisal	\$9,650.00
Weld station to include: KEMPER Profimaster fume hood, MILLER Dynasty 400 welder w/wireless foot control, steel table, double end grinder, (2) carts, 3M Speedglas hood, shelving & misc. weld supplies	\$0.00	Appraisal	\$12,550.00
Weld station to include: KEMPER Filter Master XL hood, MILLER Syncrowave 250DX welder, rotating steel table, double end grinder, cart, 3M Speedglas hood & misc. shop supplies	\$0.00	Appraisal	\$9,650.00
Weld station to include: KEMPER Filter Master XL fume hood, MILLER Syncrowave 250DX welder w/wireless foot control, steel table, curtains, 3M Speedglas hood & misc. weld supplies	\$0.00	Appraisal	\$7,700.00
Weld station to include: KEMPER Filter Master XL fume hood, MILLER Dynasty 300 welder w/wireless foot controls, steel table, double end grinder, cart, curtains, 3M Speedglas hood & misc. weld supplies	\$0.00	Appraisal	\$10,900.00
Weld station to include: KEMPER Filter Master XL fume hood, MILLER Syncrowave 250DX welder, steel table, cart, 3M Speedglas hood & misc. weld supplies	\$0.00	Appraisal	\$9,150.00
HUTH 1673 portable hydraulic tube expander w/tooling, s/n:274	\$0.00	Appraisal	\$3,000.00
Group of double end grinder, filter, belt grinder, SCOTCHMAN cold saw & misc. shop supplies	\$0.00	Appraisal	\$2,300.00
Group of (2) toolboxes w/hand & cordless tools	\$0.00	Appraisal	\$1,600.00
ALL FAB PS-1F-5 cart mounted weld positioner	\$0.00	Appraisal	\$1,500.00
THERMAL DYNAMICS Cutmaster 39 plasma cutter w/cart	\$0.00	Appraisal	\$1,300.00

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Group of carts, (2) parts welders, pallet jack, toolboxes, hold downs, clamps, bandsaw, cabinets & misc.	\$0.00	Appraisal	\$5,500.00
HECK TB400 tube nibbler w/stand	\$0.00	Appraisal	\$1,100.00
Group of (22) sections of pallet racking	\$0.00	Appraisal	\$2,200.00
MILLER Dynasty 280 welder w/wireless foot control	\$0.00	Appraisal	\$5,500.00
Group of (2) wireless foot controls, spare 3M parts & misc. welding supplies	\$0.00	Appraisal	\$2,000.00
Group of toolbox w/assorted inspection tools	\$0.00	Appraisal	\$4,000.00
Group of inventory shelving	\$0.00	Appraisal	\$7,500.00
Group of carts, cantilever rack, wire racks, warehouse ladder & misc. shipping supplies	\$0.00	Appraisal	\$2,500.00
Group of cages, shelving, carts, pallet jacks, safe scales, Portacool, fans, ladders & assorted shipping supplies	\$0.00	Appraisal	\$7,500.00
Group of (48) sections of pallet racking	\$0.00	Appraisal	\$9,600.00
RICE LAKE 188259 pallet jack w/scale & printer	\$0.00	Appraisal	\$775.00
Group of compressor, wire racks, ladders, carts, banding carts, bins, fans & misc. warehouse supplies	\$0.00	Appraisal	\$3,500.00
2007 TOYOTA 7FBEU20 2,950 lb cap. 3-wheel electric forklift, 218" 3-stage mast, fork positioners, monotrol, charger, s/n:14589, Hrs:10,696	\$0.00	Appraisal	\$5,500.00
Group of pallet jack, hand tools, cordless tools, scale, shelving & misc. warehouse supplies	\$0.00	Appraisal	\$1,500.00
2011 TOYOTA 8FBCU30 5,500 lb cap. solid tired electric forklift, 218" 3-stage mast, fork positioners, charger, s/n:60562, Hrs:5,764	\$0.00	Appraisal	\$10,500.00

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2020 ORIGINAL 3536-03 radial arm saw measurement system, s/n:3997	\$0.00	Appraisal	\$5,000.00
2006 SAWSTOP CB51230 5 hp, 10" cabinet saw w/SHOP FOX 2-bag dust collector & roll conveyor, s/n:06373791	\$0.00	Appraisal	\$3,200.00
Group of (9) sections of pallet racking, carts, stands, clamps, nailers & misc.	\$0.00	Appraisal	\$3,500.00
GOLD MOUNTAIN Approx. 50'x100'x23' double truss portable shelter w/(2) roll-up doors & LED lights	\$0.00	Appraisal	\$15,000.00
Group of cantilever racks, pallet racking, ladders, smoker & misc.	\$0.00	Appraisal	\$3,000.00
1991 SNORKEL 2032 20' electric scissor lift, s/n:9108050292	\$0.00	Appraisal	\$2,600.00
2022 ROGERS KIV-25-100 25 hp VSD rotary screw air compressor, SPX Flow dryer, receiver tanks, s/n:2226527318, Hrs:10,137	\$0.00	Appraisal	\$13,500.00
Group of tanks, electrical, shelving, man basket & misc.	\$0.00	Appraisal	\$2,500.00
40' container w/assorted nut/bolt inventory, electrical inventory & assorted maintenance parts	\$0.00	Appraisal	\$9,500.00
STANDARD approx. 14'x26' paint booth, lights, barn door, man door, SURE-CURE make up air unit	\$0.00	Appraisal	\$5,500.00
Trailer mounted fuel tank w/FIL-RITE dispenser	\$0.00	Appraisal	\$1,250.00
2020 CUSHMAN Shuttle 6 6-passenger electric cart	\$0.00	Appraisal	\$7,000.00
ELGEE walk behind floor machine	\$0.00	Appraisal	\$1,750.00
Group of cantilever racks, pallet racking, shop crane, bender, ladders, tables & misc.	\$0.00	Appraisal	\$6,500.00
Spray area to include: flammable cabinets, stands, dispensers, filler unit & misc.	\$0.00	Appraisal	\$3,500.00

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JET 1236PY lathe w/grinder, press, toolbox & misc.	\$0.00	Appraisal	\$3,800.00
Group of maintenance area to include: drill presses, skates, fluid filter/pump, welder, rigging, toolboxes, parts washer, steel table, stands, jacks, flammable cabinet & assorted supplies	\$0.00	Appraisal	\$12,300.00
2009 KH 1390 2,500W CO2 laser engraver w/CW- 5200 chiller	\$0.00	Appraisal	\$1,650.00
Group of assembly area to include: horizontal bandsaw, grinders, sandblaster, drill press, hand tools, shelving, tables, toolboxes, carts, pallet jack, flammable cabinet, skates, reels & misc. shop supplies	\$0.00	Appraisal	\$10,800.00
GOLD MOUNTAIN Approx. 50'x100'x23' double truss portable shelter w/(2) roll-up doors, LED lights & shelving	\$0.00	Appraisal	\$15,000.00
GOLD MOUNTAIN Approx. 50'x100'x23' double truss portable shelter w/(2) roll-up doors, LED lights & shelving	\$0.00	Appraisal	\$15,000.00
Group of (2) INGERSOLL RAND 2475 5 hp vertical tank air compressors	\$0.00	Appraisal	\$3,500.00
MTS 312.21 10 ton, 22KIP hydraulic fatigue load frame tester w/LINK M-3500 controller, workstation & aux. hydraulic unit, s/n:506	\$0.00	Appraisal	\$17,500.00
CHICAGO CP-450EA 24" compression riveter	\$0.00	Appraisal	\$2,000.00
Group of (10) sections of pallet racking, toolbox, benches, reels & misc.	\$0.00	Appraisal	\$4,000.00
2006 DMS 3T5-5-10-36SCXLXX cnc gantry router, 5'x10'x1-1/2" table, BAILEIGH MDC-1800 tooling, FAGOR controls, KURT vise, s/n:DMS2040	\$0.00	Appraisal	\$12,500.00
CLAUSING FV1 vertical milling machine, power table, DYNAPATH Delta controls, s/n:Z-405	\$0.00	Appraisal	\$3,750.00
HARDINGE Precision lathe, ALORIS tool post, tail stock & tooling	\$0.00	Appraisal	\$9,500.00

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Group of bandsaw, welder, oxy/acetylene set, racks, tables, reels, vise, toolboxes, carts & misc.	\$0.00	Appraisal	\$7,500.00
Group of drill presses, toolboxes, cordless tools, stands & misc.	\$0.00	Appraisal	\$3,300.00
JET 52" stomp shear	\$0.00	Appraisal	\$1,500.00
JET BP-1648 box & pan brake w/stand & misc. support tools	\$0.00	Appraisal	\$1,400.00
Group of flammable cabinets, shelving, power supply, jacks, toolbox, carts & misc.	\$0.00	Appraisal	\$3,500.00
Group of room w/belt/disc sander, double end grinders, GRIZZLY vertical bandsaw, sandblast cabinet & misc. supplies	\$0.00	Appraisal	\$4,500.00
AERO LIFT MPL2000 2,000 lb aircraft lift, s/n:200161	\$0.00	Appraisal	\$5,500.00
Group of compressor, stands, pallet jack, dollies & misc.	\$0.00	Appraisal	\$1,500.00
Group of (2) BEST TUGS A3 walk behind tugs	\$0.00	Appraisal	\$4,000.00
Group of screen, lockers, headsets, hand tools & misc.	\$0.00	Appraisal	\$2,200.00

51. **Total of Part 8.**

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

\$1,818,875.00

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

☐ No

☒ Yes

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

☐ No

☒ Yes

Part 9: Real property

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

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

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

Description and location of property Include street address or other	Nature and extent of debtor's interest	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---	--	--	---	------------------------------------

Debtor Van's Aircraft, Inc.
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description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

in property

55.1. **Office building located at 14401 Keil Rd., Aurora, OR 97002.**

Fee simple.

\$6,202,524.00

Broker's Opinion

\$6,687,000.00

55.2. **Aircraft hangar and production facility located at 22255 Yellow Gate Ln., Aurora, OR 97002.**

Fee simple

\$2,426,789.00

Broker's Opinion

\$2,268,000.00

56. **Total of Part 9.**

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

\$8,955,000.00

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

☐ No

☒ Yes

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

☒ No

☐ Yes

Part 10: Intangibles and intellectual property

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

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

General description

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

Valuation method used for current value

Current value of debtor's interest

60. **Patents, copyrights, trademarks, and trade secrets
Plans and designs for the Van's Aircraft Inc.
RV-3 kit aircraft.**

Unknown

Unknown

**Plans and designs for the Van's Aircraft Inc.
RV-4 kit aircraft.**

Unknown

Unknown

**Plans and designs for the Van's Aircraft Inc.
RV-7/7A kit aircraft.**

Unknown

Unknown

**Plans and designs for the Van's Aircraft Inc.
RV-8/8A kit aircraft.**

Unknown

Unknown

**Plans and designs for the Van's Aircraft Inc.
RV-9/9A kit aircraft.**

Unknown

Unknown

Debtor Van's Aircraft, Inc.
Name

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	Plans and designs for the Van's Aircraft Inc. RV-10 kit aircraft.	Unknown	Unknown
	Plans and designs for the Van's Aircraft Inc. RV-12iS kit aircraft.	Unknown	Unknown
	Plans and designs for the Van's Aircraft Inc. RV-14/14A kit aircraft.	Unknown	Unknown
	Plans and designs (in progress, not yet complete) for the Van's Aircraft Inc. RV-15 aircraft.	Unknown	Unknown
61.	Internet domain names and websites <u>www.vansaircraft.com</u>	Unknown	Unknown
62.	Licenses, franchises, and royalties		
63.	Customer lists, mailing lists, or other compilations <u>List of approximately 40,000 customers.</u>	Unknown	Unknown
64.	Other intangibles, or intellectual property		
65.	Goodwill		
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.		<div>\$0.00</div>
67.	Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
68.	Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
69.	Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.

Debtor Van's Aircraft, Inc.
Name

Case number (If known) 23-62260-dwh11

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. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$3,138,602.12</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$279,117.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$2,500,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$17,500.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$1,818,875.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$8,955,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$7,754,094.12</u>	+ 91b. <u>\$8,955,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$16,709,094.12</u>

Fill in this information to identify the case:

Debtor name **Van's Aircraft, Inc.**

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

Case number (if known) **23-62260-dwh11**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

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

Part 1: List Creditors Who Have Secured Claims

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

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 Marion County Tax Office <small>Creditor's Name</small> POC 2511 Salem, OR 97308 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Property taxes. Account Nos. 510499, 327348, 327349, and 349571. Describe the lien Statutory tax lien. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$136,825.50	\$8,955,000.00

2.2 Richard and Diane Van Grunsven Trust <small>Creditor's Name</small> c/o Garrett Ledgerwood Miller Nash LLP 111 SW Fifth Ave, Ste 3400 Portland, OR 97204 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred August 2021. Last 4 digits of account number	Describe debtor's property that is subject to a lien Office building located at 14401 Keil Rd., Aurora, OR 97002. Describe the lien Deed of Trust Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$6,202,524.00	\$6,687,000.00
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Debtor **Van's Aircraft, Inc.**
Name

Case number (if known) **23-62260-dwh11**

Do multiple creditors have an interest in the same property?

☒ No

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

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.3 **Richard and Diane Van Grunsven Trust**

Creditor's Name

**c/o Garrett Ledgerwood
Miller Nash LLP
111 SW Fifth Ave, Ste 3400
Portland, OR 97204**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

October 2023

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

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

Describe debtor's property that is subject to a lien

\$2,000,000.00

\$16,709,094.12

**Office building located at 14401 Keil Rd.,
Aurora, OR 97002 -and- aircraft hangar located
at 22255 Yellow Fate Lane NE -and- all
personal property.**

Describe the lien

Deed of Trust

Is the creditor an insider or related party?

☐ No

☒ Yes

Is anyone else liable on this claim?

☒ No

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

2.4 **Richard and Diane Van Grunsven Trust**

Creditor's Name

**c/o Garrett Ledgerwood
Miller Nash LLP
111 SW Fifth Ave, Ste 3400
Portland, OR 97204**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

September 2023.

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

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

Describe debtor's property that is subject to a lien

\$1,000,000.00

\$2,268,000.00

**Aircraft hangar and production facility
located at 22255 Yellow Gate Ln., Aurora, OR
97002.**

Describe the lien

Deed of Trust

Is the creditor an insider or related party?

☐ No

☒ Yes

Is anyone else liable on this claim?

☒ No

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

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 **Mark van Wyk**

Describe debtor's property that is subject to a lien

\$4,802.00

\$8,955,000.00

Debtor **Van's Aircraft, Inc.**
Name

Case number (if known)

23-62260-dwh11

Creditor's Name

**106 Pine Lane
Morgan Hill, CA 95037-6177**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

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

Secured by Office building located at 14401 Keil Rd., Aurora, OR 97002 -and- aircraft hangar located at 22255 Yellow Fate Lane NE.

Describe the lien

Small Claim Judgment.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

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

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$9,344,151.50

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

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

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

Name and address

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

Last 4 digits of account number for this entity

**Richard and Diane Van Grunsven Trust
c/o Gib Masters
Miller Nash LLP
111 SW Fifth Ave, Ste 3400
Portland, OR 97204**

Line **2.4**

Fill in this information to identify the case:

Debtor name **Van's Aircraft, Inc.**

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

Case number (if known) **23-62260-dwh11**

☐ 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

SEE ATTACHMENT 1.

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:

Precautionary. Employees paid pursuant to Order Authorizing Payment of Prepetition Wages [ECF No. 35].

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☒ No

☐ Yes

Total claim Priority amount

\$0.00 \$0.00

2.2 Priority creditor's name and mailing address

SEE ATTACHMENT 2.

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:

Precautionary. Sales tax.

Last 4 digits of account number

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

Is the claim subject to offset?

☒ No

☐ Yes

\$0.00 \$0.00

2.3	Priority creditor's name and mailing address IRS Centralized Insolvency Operation POB 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred _____		Basis for the claim: Precautionary - Federal taxes.		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address ODR Bkcy 955 Center NE #353 Salem, OR 97301-2555	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred _____		Basis for the claim: Precautionary - state taxes.		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

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

3.1	Nonpriority creditor's name and mailing address _See Attachment #3.	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: Precautionary. Former employees. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.2	Nonpriority creditor's name and mailing address _See Attachment #4.	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: Precautionary. Vendors/trade creditors. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.3	Nonpriority creditor's name and mailing address _See Attachment #5.	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: Precautionary. Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.4 Nonpriority creditor's name and mailing address See Attachment #6. As of the petition filing date, the claim is: *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Precautionary.
Is the claim subject to offset? ☒ No ☐ Yes

3.5 Nonpriority creditor's name and mailing address A to Z Machining As of the petition filing date, the claim is: *Check all that apply.* \$6,331.25
192 Young St.
Woodburn, OR 97071
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Vendor/trade services.
Is the claim subject to offset? ☒ No ☐ Yes

3.6 Nonpriority creditor's name and mailing address Aavid Niagara, LLC As of the petition filing date, the claim is: *Check all that apply.* \$13,952.00
3315 Haseley Drive
Niagra Falls, NY 14304
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Vendor/trade services.
Is the claim subject to offset? ☒ No ☐ Yes

3.7 Nonpriority creditor's name and mailing address ABF Freight System, Inc. As of the petition filing date, the claim is: *Check all that apply.* \$6,911.98
P.O. Box 10226
Portland, OR 97296-0226
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Vendor/trade services.
Is the claim subject to offset? ☒ No ☐ Yes

3.8 Nonpriority creditor's name and mailing address AERO GARAGE LLC As of the petition filing date, the claim is: *Check all that apply.* \$9,870.00
20601 OVER UNDER CT
BEND, OR 97701
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Vendor/trade services.
Is the claim subject to offset? ☒ No ☐ Yes

3.9 Nonpriority creditor's name and mailing address AEROLEDS LLC As of the petition filing date, the claim is: *Check all that apply.* \$10,027.50
8475 WEST ELISA STREET
Boise, ID 83709
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Vendor/trade services.
Is the claim subject to offset? ☒ No ☐ Yes

3.10 Nonpriority creditor's name and mailing address AFLAC As of the petition filing date, the claim is: *Check all that apply.* \$256.52
Attn:Remit.Process'G
1932 Wynnton Road.
Columbus, GA 31999
☐ Contingent
☐ Unliquidated
☐ Disputed
Date(s) debt was incurred _____
Last 4 digits of account number _____
Basis for the claim: Vendor/trade services.
Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Van's Aircraft, Inc. <small>Name</small>	Case number (if known)	23-62260-dwh11
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3.11	Nonpriority creditor's name and mailing address Aircraft Specialty 1288 Summit Ave Suite 107-132 Oconomowoc, WI 53066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,395.00
3.12	Nonpriority creditor's name and mailing address Aircraft Spruce 225 Airport Circle Corona, CA 92880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,620.62
3.13	Nonpriority creditor's name and mailing address Airflow Systems 35282 Vista De Todo Capistrano Beach, CA 92624 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,151.00
3.14	Nonpriority creditor's name and mailing address ALBINA COMPANY INC 12080 SW MYSLONY ST. TUALATIN, OR 97062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,180.00
3.15	Nonpriority creditor's name and mailing address Alliance Coatings Inc. 1666 N. Magnolia Ave Suite G El Cajon, CA 92020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,609.60
3.16	Nonpriority creditor's name and mailing address Alpine Fastener & Hardware 2566 Business Parkway Suite F Minden, NV 89423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,648.88
3.17	Nonpriority creditor's name and mailing address Amsafe, Inc. 1043 North 47th Ave Phoenix, AZ 85043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,700.00

Debtor	Van's Aircraft, Inc. <small>Name</small>	Case number (if known)	23-62260-dwh11
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3.18	Nonpriority creditor's name and mailing address Andair Ltd Unit 6, Fishers Grove Fulfood Road, Portsmouth, Hampshire PO6 1EF UNITED KINGDOM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,054.46
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3.19	Nonpriority creditor's name and mailing address AOPA 421 Aviation Way Frederick, MD 21701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
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3.20	Nonpriority creditor's name and mailing address Apex Anodizing 7015 NE Columbia Blvd Portland, OR 97218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,409.70
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3.21	Nonpriority creditor's name and mailing address APS INC PO BOX 3915 SPOKANE, WA 99220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$732.00
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3.22	Nonpriority creditor's name and mailing address Bachus & Son, Inc. dba Yardstore 725 E. Central Wichita, KS 67202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$155.00
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3.23	Nonpriority creditor's name and mailing address Bailey Hardware & Hydraulic 1931 Bomar Ave Forth Worth, TX 76103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.05
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3.24	Nonpriority creditor's name and mailing address Bandy Manufacturing LLC 3420 N San Fernando Blvd PO Box 7716 Burbank, CA 91510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,166.00
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Debtor	Van's Aircraft, Inc. <small>Name</small>	Case number (if known)	23-62260-dwh11
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3.25	Nonpriority creditor's name and mailing address Baron Metalcrafters Limited 20 Luard Road Wanchai HONG KONG CHINA Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,888.09
3.26	Nonpriority creditor's name and mailing address BBC Steel Corp. 2001 SE Township Rd Canby, OR 97013 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,197.25
3.27	Nonpriority creditor's name and mailing address BEAR ELECTRIC INC PO BOX 389 Donald, OR 97020 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,372.85
3.28	Nonpriority creditor's name and mailing address Ben-X, LLC 3300 N. Running Creek Way Suite A-3 Lehi, UT 84043 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,549.67
3.29	Nonpriority creditor's name and mailing address Bild Industries, Inc. 800 Clearwater Loop Post Falls, ID 83854 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,951.00
3.30	Nonpriority creditor's name and mailing address Boeing Distribution, Inc 2755 Regent Blvd Dallas, TX 75261 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63,889.28
3.31	Nonpriority creditor's name and mailing address CAD Custom Machining & Design 44700 NW Hartwick Rd Banks, OR 97106 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,574.00

Name

3.32	Nonpriority creditor's name and mailing address Canby Ace Hardware 1061 SW 1st Avenue Canby, OR 97013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$505.70
3.33	Nonpriority creditor's name and mailing address Canby Signs & Graphics 181 S. Ivy St. Canby, OR 97013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35.00
3.34	Nonpriority creditor's name and mailing address CENTURY LINK P.O. BOX 4300 CAROL STREAM, IL 60197-4300 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility. Telephone/internet service.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.61
3.35	Nonpriority creditor's name and mailing address CIT PO Box 100706 Pasadena, CA 91189-0706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,670.11
3.36	Nonpriority creditor's name and mailing address CLEAVELAND A/C TOOL 2225 FIRST ST. BOONE, IA 50036-4417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,050.61
3.37	Nonpriority creditor's name and mailing address Comcast Business PO Box 37601 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$502.72
3.38	Nonpriority creditor's name and mailing address Container Storage Co., Inc. 9721 N. Columbia Blvd. Portland, OR 97203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$303.00

Name

3.39	<p>Nonpriority creditor's name and mailing address</p> <p>Cronin Wood Products P.O. Box 2267 Lake Grove, OR 97035-0071</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$26,955.04
3.40	<p>Nonpriority creditor's name and mailing address</p> <p>Crowley & Son Security Systems 23790 S. Rondevic Dr. Canby, OR 97013</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$107.50
3.41	<p>Nonpriority creditor's name and mailing address</p> <p>CRYSTAL GREENS PO BOX 847060 LOS ANGELES, CA</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$300.00
3.42	<p>Nonpriority creditor's name and mailing address</p> <p>CUSTOM AIRCRAFT NORTHWEST 5659 S REATHA CT HUBBARD, OR 97032</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,200.00
3.43	<p>Nonpriority creditor's name and mailing address</p> <p>CV SHIPPING 2211 NW 55TH CT. HANGAR #12 FT. LAUDERDALE, FL 33309-2723</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,400.00
3.44	<p>Nonpriority creditor's name and mailing address</p> <p>Dean Lewis Assov 21650 Cloud Way HAYWARD, CA 94545</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$10,434.40
3.45	<p>Nonpriority creditor's name and mailing address</p> <p>Designatronics/Sterling Inst. 250 Duffy Avenue Hicksville, NY 11801</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$16,848.15

Name

3.46	<p>Nonpriority creditor's name and mailing address</p> <p>DSM Enterprises, OR Deana Mc Daniels 5659 S. Reatha Ct. Hubbard, OR 97032</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$399.00
3.47	<p>Nonpriority creditor's name and mailing address</p> <p>EAA, Inc. 3000 Poberezny Road Oshkosh, WI 54902</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$6,770.00
3.48	<p>Nonpriority creditor's name and mailing address</p> <p>Eagle Fasteners Plus, Inc 1873 25th St. SE Salem, OR 97302</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$214.75
3.49	<p>Nonpriority creditor's name and mailing address</p> <p>Earle M. Jorgensen Co. 16440 NE Mason St Portland, OR 97230</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,901.00
3.50	<p>Nonpriority creditor's name and mailing address</p> <p>Earthx, Inc. 955 Merchant Ct. Windsor, CO 80550</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,957.00
3.51	<p>Nonpriority creditor's name and mailing address</p> <p>Edmo Distributors, Inc. 12830 E Mirabeau Pkwy Spokane, WA 99216</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$6,486.00
3.52	<p>Nonpriority creditor's name and mailing address</p> <p>Electro-Chem Metal Finishing 4849 SE 26Th Avenue Portland, OR 97202-4601</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$7,041.30

Debtor	Van's Aircraft, Inc. Name	Case number (if known)	23-62260-dwh11
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3.53	Nonpriority creditor's name and mailing address Experimental A/C Metal Fab. 693 Curtis Hill Road Chehalis, WA 98532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,340.00
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3.54	Nonpriority creditor's name and mailing address Express Personnel Services P.O. Box 4427 Portland, OR 97208-4427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,239.65
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3.55	Nonpriority creditor's name and mailing address Federal Express Corp. PO Box 94515 Palatine, IL 60094-4515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,438.10
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3.56	Nonpriority creditor's name and mailing address Fitz Co LLC dba Roy Manufacturing 3113 N Mississippi Ave Portland, OR 97227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,144.00
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3.57	Nonpriority creditor's name and mailing address Flightline Interiors, LLC 7919 S. Loomis Road Wind Lake, WI 53185 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,942.20
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3.58	Nonpriority creditor's name and mailing address GCC Innovative Motion Control 18977 NE Portal Way Portland, OR 97230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$640.65
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3.59	Nonpriority creditor's name and mailing address GENUINE AIRCRAFT COMPANY 704 WAGON TRAIL EAST BILLINGS, MT 59106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,940.00
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Name

3.60	<p>Nonpriority creditor's name and mailing address</p> <p>GEO. S. BUSH & CO INC 825 NE MULTNOMAH ST. STE 910 Portland, OR 97232</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,594.13
3.61	<p>Nonpriority creditor's name and mailing address</p> <p>GOODWALD & CO/FIRST CHOICE 313 SE YAMHILL STREET Portland, OR 97214</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$184.34
3.62	<p>Nonpriority creditor's name and mailing address</p> <p>Grainger, Inc. Dept. 808718308 PO Box 419267 Kansas City, MO 64141-6267</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,004.54
3.63	<p>Nonpriority creditor's name and mailing address</p> <p>Jose Gutierrez 876 PIEDMONT AVE NW SALEM, OR 97304</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$225.00
3.64	<p>Nonpriority creditor's name and mailing address</p> <p>Haas Automation 2800 Sturgis Road Oxnard, CA 93030</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,145.63
3.65	<p>Nonpriority creditor's name and mailing address</p> <p>Harmonic Northwest PO Box 1688 Port Townsend, WA 98368</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$4,129.55
3.66	<p>Nonpriority creditor's name and mailing address</p> <p>Hartzell Engine Technologies 2900 Selma Highway Montgomery, AL 36108</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$50,226.00

Debtor	Van's Aircraft, Inc. <small>Name</small>	Case number (if known)	23-62260-dwh11
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3.67	Nonpriority creditor's name and mailing address Hartzell Propeller Inc. 8345 Solutions Center Chicago, IL 60677-8003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130,056.34
3.68	Nonpriority creditor's name and mailing address HC Pacific 5536 Ontario Mills Parkwa Ontario, CA 91764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,375.00
3.69	Nonpriority creditor's name and mailing address HD AVIATION 9899 NW 316 PLACE HILLSBORO, OR 97124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,788.51
3.70	Nonpriority creditor's name and mailing address Hutchinson Aerospace & Industry, Inc 4510 Vanowen St Burbank, CA 91505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,614.40
3.71	Nonpriority creditor's name and mailing address In Flight USA PO Box 5402 San Mateo, CA 94402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.00
3.72	Nonpriority creditor's name and mailing address Industrial Finishes & Systems, Inc. 3455 W 1St Ave Eugene, OR 97402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,102.43
3.73	Nonpriority creditor's name and mailing address Industrial Welding Supply, Inc P.O. Box 20340 Salem, OR 97307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,844.20

Debtor	Van's Aircraft, Inc. <small>Name</small>	Case number (if known)	23-62260-dwh11
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3.74	Nonpriority creditor's name and mailing address Integrity Staffing PO Box 1935 Tualatin, OR 97062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,819.20
3.75	Nonpriority creditor's name and mailing address International Graphics 14413 NE 10Th Ave Ste C Vancouver, WA 98685-1718 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,116.25
3.76	Nonpriority creditor's name and mailing address Kodiak Research Ltd Coral Harbour Rd PO Box SS6758 Nassau, N.P. BAHAMAS Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,188.88
3.77	Nonpriority creditor's name and mailing address Langaire Aircraft Parts LLC 33094 Church Road Warren, Or Warren, OR 97053 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,218.65
3.78	Nonpriority creditor's name and mailing address Loos & Co., Inc. 16B Mashamoquet Rd Pomfret, CT 06258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,118.50
3.79	Nonpriority creditor's name and mailing address Lycoming A Textron Company 652 Oliver St. Williamsport, PA 17701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Additional notice.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.80	Nonpriority creditor's name and mailing address Lycoming A Textron Company 26135 Network Place Chicago, IL 60673-1261 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$637,923.00

Debtor	Van's Aircraft, Inc. <small>Name</small>	Case number (if known)	23-62260-dwh11
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3.81	Nonpriority creditor's name and mailing address Marine Lumber Company 11800 SW Myslon Tualatin, OR 97062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,761.72
3.82	Nonpriority creditor's name and mailing address Matco Aircraft Landing Systems LLC fdba Matco Mfg. 2361 S. 1560 West Woods Cross, UT 84087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54,901.42
3.83	Nonpriority creditor's name and mailing address McCutcheon Metal Fabrication 515 NE 209th St Ridgefield, WA 98642 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,881.60
3.84	Nonpriority creditor's name and mailing address MCFARLANE AVIATION PROD 696 EAST 1700 BALDWIN CITY, KS 66006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,861.00
3.85	Nonpriority creditor's name and mailing address MILL PRO MACHINE INC 36800 NW SPIESSCHAERT RD CORNELIUS, OR 97133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,125.00
3.86	Nonpriority creditor's name and mailing address Motion & Flow 8433 Solution Center Chicago, IL 60677-8004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,672.55
3.87	Nonpriority creditor's name and mailing address MSC Industrial Supply Co. PO Box 953635 St. Louis, MO 63195-3635 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,692.95

Name

3.88	<p>Nonpriority creditor's name and mailing address</p> <p>MT-Propeller Entwicklung Fkugplatzstrabe 1 Atting D-94348 GERMANY</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$11,887.50
3.89	<p>Nonpriority creditor's name and mailing address</p> <p>NATIONAL PRECISION/BISCO INDUST. 5065 E. Hunter Ave. ANAHEIM, CA 92807</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$139.00
3.90	<p>Nonpriority creditor's name and mailing address</p> <p>Noctel Communications, Inc. 3242 NE 3rd Ave #230 Camas, WA 98607</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,452.36
3.91	<p>Nonpriority creditor's name and mailing address</p> <p>Northwest Paper Box Mfrs. Accounts Receivable 4275 NW Pacific Rim Blvd Camas, WA 98607</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$5,564.61
3.92	<p>Nonpriority creditor's name and mailing address</p> <p>NW Natural P.O. Box 6017 Portland, OR 97228-6017</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,647.49
3.93	<p>Nonpriority creditor's name and mailing address</p> <p>OIA Global Logistics 2100 SW River Parkway Suite 800 Portland, OR 97201</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$10,421.07
3.94	<p>Nonpriority creditor's name and mailing address</p> <p>Old Dominion Freight Line PO Box 742296 Los Angeles, CA 90074-2296</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor/trade services.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$8,204.87

Name

3.95	<p>Nonpriority creditor's name and mailing address</p> <p>OREGON AERO 34020 SKYWAY DR SCAPPOOSE, OR 97056-2516</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor/trade services.</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$6,640.00
3.96	<p>Nonpriority creditor's name and mailing address</p> <p>Oregon Carbide Saw Corp 8830 NE Sandy Blvd Portland, OR 97220</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor/trade services.</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$912.23
3.97	<p>Nonpriority creditor's name and mailing address</p> <p>OREGON DEPT OF AVIATION 3040 25TH STREET, SE SALEM, OR 97302</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor/trade services.</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$275.00
3.98	<p>Nonpriority creditor's name and mailing address</p> <p>Oregon Mutual Insurance PO Box 7500 McMinnville, OR 97218-7500</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor/trade services.</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$210.00
3.99	<p>Nonpriority creditor's name and mailing address</p> <p>Pacific Metal Co. 10700 SW Manhasset Dr. Tualatin, OR 97062</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor/trade services.</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$219,640.22
3.100	<p>Nonpriority creditor's name and mailing address</p> <p>Packaging Systems, Inc. 26435 Summit Circle Santa Clarita, CA 91350</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor/trade services.</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$8,537.76
3.101	<p>Nonpriority creditor's name and mailing address</p> <p>Dale Cynthia Patruska c/o Slack David Sanger LLP 3500 Maple Ave., Ste. 1250 Dallas, OR 75219</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Settlement Agreement</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$87,500.02

Name

3.102	Nonpriority creditor's name and mailing address PF Mailing Solutions PO Box 4510 Carol Stream, IL 60197-4510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$156.00
<hr/>			
3.103	Nonpriority creditor's name and mailing address Portland General Electric P.O. BOX 4438 Portland, OR 97208-4438 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,806.34
<hr/>			
3.104	Nonpriority creditor's name and mailing address Precision Metal Finishing, Inc Jered Tolman 9201 S. Kraxberger Rd Canby, OR 97013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,563.50
<hr/>			
3.105	Nonpriority creditor's name and mailing address Pro Powder / Tufcoat 12345 SW Myslony St. Tualatin, OR 97062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,175.89
<hr/>			
3.106	Nonpriority creditor's name and mailing address QUALITY COMPONENT SUPPLY 8078 SW Nimbus Ave.,Ste. 6B Beaverton, OR 97008-6435 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,390.00
<hr/>			
3.107	Nonpriority creditor's name and mailing address REES MFG 148 N. BRIDGE STREET Sheridan, OR 97378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,707.60
<hr/>			
3.108	Nonpriority creditor's name and mailing address Reiff Corporation Reiff Preheat Systems PO Box 5 Fort Atkinson, WI 53538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/supplier.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,366.00

Debtor	Van's Aircraft, Inc. Name	Case number (if known)	23-62260-dwh11
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3.109	Nonpriority creditor's name and mailing address Republic Services 2215 N. Front St. Woodburn, OR 97071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$925.99
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3.110	Nonpriority creditor's name and mailing address Robbins Wings Inc 7087 W 94th Ave Broomfield, CO 80021-4818 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,520.00
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3.111	Nonpriority creditor's name and mailing address Rochester Sensors LLC 11637 Denton Drive DALLAS, TX 75229-2214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,051.52
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3.112	Nonpriority creditor's name and mailing address Rogers Machinery Co. Inc. 14650 SW 72nd Ave Portland, OR 97224-7962 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$188.00
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3.113	Nonpriority creditor's name and mailing address Safety-Kleen Systems, Inc 42 Longwater Dr Norwell, MA 02061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$386.28
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3.114	Nonpriority creditor's name and mailing address Sahnow, Daryl 22095 SW Riggs Rd BEAVERTON, OR 97007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$480.00
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3.115	Nonpriority creditor's name and mailing address Selway Machine Tool Co Inc 25599 SW 95th SUITE G WILSONVILLE, OR 97070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,415.00
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Debtor	Van's Aircraft, Inc. <small>Name</small>	Case number (if known)	23-62260-dwh11
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3.116	Nonpriority creditor's name and mailing address Sierra Springs PO Box 660579 DALLAS, TX 75266-0579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,302.93
3.117	Nonpriority creditor's name and mailing address SIRS Navigation Ltd Compass House-Bowes Estate, Wrotham Rd Meopham, Kent DA13 0QB UNITED KINGDOM Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.40
3.118	Nonpriority creditor's name and mailing address Solutions Yes 8300 SW Hunziker Street Portland, OR 97223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,925.98
3.119	Nonpriority creditor's name and mailing address SOUTHEND CORP AIRPARK CONDO ASSOC 2105 SE 9TH AVE C/O CMI 503-233-0300 PORTLAND, OR Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$991.12
3.120	Nonpriority creditor's name and mailing address Specialty Screen Printing 280 S Balm St YAMHILL, OR 97148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,155.00
3.121	Nonpriority creditor's name and mailing address Stack Metallurgical Services P.O. Box 17176 Portland, OR 97217-0176 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$485.00
3.122	Nonpriority creditor's name and mailing address Star Clean Maintenance System PO Box 125 Newberg, OR 97132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,710.00

Debtor	Van's Aircraft, Inc. Name _____	Case number (if known)	23-62260-dwh11
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3.123	Nonpriority creditor's name and mailing address Stein Air 3401 MN21 W. Hangar 500 Faribault, MN 55021 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,850.00
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3.124	Nonpriority creditor's name and mailing address Summit Packaging, Inc. 1401 West Valley Hwy N. Auburn, WA 98001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,649.25
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3.125	Nonpriority creditor's name and mailing address Systems Advisory Services, Inc. 1224 Paloma Avenue Burlingame, CA 94010-3418 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,486.25
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3.126	Nonpriority creditor's name and mailing address TForce Freight 28013 Network Place CHICAGO, IL 60673-1280 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$264.40
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3.127	Nonpriority creditor's name and mailing address Thermal Modification Tech.Inc 19830 SW Teton Ave Tualatin, OR 97062 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,957.04
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3.128	Nonpriority creditor's name and mailing address Timber Products Inspection In P.O. Box 3969 Peachtree City, GA 30269 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$710.00
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3.129	Nonpriority creditor's name and mailing address Timken Aurora Bearing Co 901 Aucutt Road MONTGOMERY, IL 60538-1338 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,836.94
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Debtor	Van's Aircraft, Inc. <small>Name</small>	Case number (if known)	23-62260-dwh11
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3.130	Nonpriority creditor's name and mailing address TOYOTA LIFT NW PO BOX 35146 #41098 SEATTLE, WA 98124-5146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.11
3.131	Nonpriority creditor's name and mailing address Transwestern Aviation, Inc. 53894 Airport Rd P.O. Box 'R' Scappoose, OR 97056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,089.46
3.132	Nonpriority creditor's name and mailing address Trumpf, Inc. Dept 135 P.O. Box 150473 Hartford, CT 06115-0473 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,974.60
3.133	Nonpriority creditor's name and mailing address TW Metals Inc 12350 NE Woodinville Dr. WOODINVILLE, WA 98072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,260.00
3.134	Nonpriority creditor's name and mailing address TWGW INC Canby NAPA Auto Parts 29025 SW Town Center Loop WILSONVILLE, OR 97070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.96
3.135	Nonpriority creditor's name and mailing address Uline PO Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$595.00
3.136	Nonpriority creditor's name and mailing address Unicorn HRO LLC 25B Hanover Road Florham Park, NJ 07932 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,098.00

Debtor	Van's Aircraft, Inc. Name	Case number (if known)	23-62260-dwh11
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3.137	Nonpriority creditor's name and mailing address UPS Supply Chain Solutions 28013 Network Place Chicago, IL 60673-1280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,888.16
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3.138	Nonpriority creditor's name and mailing address Usher Precision Manufacturing 3863 24th Avenue Forest Grove, OR 97116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59,117.59
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3.139	Nonpriority creditor's name and mailing address Richard and Diane Van Grunsven Trust c/o Garrett Ledgerwood Miller Nash LLP 111 SW Fifth Ave, Ste 3400 Portland, OR 97204 Date(s) debt was incurred <u>September 2022</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan for purchase of 2022 Trumpf Trupunch 5000 24-ton CNC punch press, with tool holders, vacuum table, laser curtains, touch screen controls. S/N A0060D0744.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$533,904.48
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3.140	Nonpriority creditor's name and mailing address Richard and Diane Van Grunsven Trust c/o Garrett Ledgerwood Miller Nash LLP 111 SW Fifth Ave, Ste 3400 Portland, OR 97204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured loan.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500,000.00
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3.141	Nonpriority creditor's name and mailing address Van's Employee Stock Ownership Plan and 14401 Keil Road NE Aurora, OR 97002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stock buy back guarantee.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$590,365.55
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3.142	Nonpriority creditor's name and mailing address Vetterman Exhaust, Inc 27657 West Oral Rd Oral, SD 57766 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,125.00
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3.143	Nonpriority creditor's name and mailing address Warren Kemper Machine 41455 NW Wilkesboro Road BANKS, OR 97106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/trade services.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,428.90
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3.144 Nonpriority creditor's name and mailing address **Wave Business**
PO Box 31001-2714
Pasadena, CA 91110-2714
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: Check all that apply. **\$472.82**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Vendor/trade services.**
Is the claim subject to offset? ☒ No ☐ Yes

3.145 Nonpriority creditor's name and mailing address **Western Tool & Supply Co.**
Dept. La Lockbox # 22504
Pasadena, CA 91185-2504
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: Check all that apply. **\$2,295.85**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Vendor/trade services.**
Is the claim subject to offset? ☒ No ☐ Yes

3.146 Nonpriority creditor's name and mailing address **Zepak Corp.**
9740 SW Hilman Ct #220
Wilsonville, OR 97070
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: Check all that apply. **\$13,053.34**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Vendor/trade services.**
Is the claim subject to offset? ☒ No ☐ 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

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

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

5a. Total claims from Part 1

5b. Total claims from Part 2

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

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 4,091,405.76
5c.	\$ 4,091,405.76

Fill in this information to identify the case:

Debtor name **Van's Aircraft, Inc.**

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

Case number (if known) **23-62260-dwh11**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

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

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

Property

2. List all contracts and unexpired leases

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

2.1. State what the contract or lease is for and the nature of the debtor's interest **All sales orders.**

State the term remaining

List the contract number of any government contract

See Attachment #7.

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

State the term remaining

List the contract number of any government contract

**Ant Anstead
Radford
3161 Red Hill Ave.
Costa Msa, CA 92626**

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

State the term remaining

List the contract number of any government contract

**Jessica Cox
Right Footed - 42699
PO Box 35807
Tucson, AZ 85740**

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

State the term remaining

List the contract number of any government contract

**Stefan Ostergren
FliteTest
2401 Fox Ave SE
Minerva, OH 44657**

Fill in this information to identify the case:

Debtor name Van's Aircraft, Inc.

United States Bankruptcy Court for the: DISTRICT OF OREGON

Case number (if known) 23-62260-dwh11

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

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

1. Do you have any codebtors?

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

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

Column 1: **Codebtor**

Column 2: **Creditor**

Name

Mailing Address

Name

Check all schedules that apply: